

# Auckland Care Limited

# Crofton Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Crofton Lodge is a residential care home providing care and accommodation for up to 10 people who are living with a learning disability or mental health condition. At the time of our inspection there were eight people using the service.

Crofton Lodge comprises of two apartments with their own external doors, kitchen, lounge and bathroom, and six en-suite bedrooms all with kitchenettes and space for seating. There is also a shared kitchen, lounge, bathroom, activities room and dining area.

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

People told us they felt safe and liked living at the home. People knew who they could talk to if they had any worries or concerns. There were appropriate policies and systems in place to protect people from abuse. People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The ethos, values, attitudes and behaviours of the management and staff provided support in the way each person preferred and enabled them to make meaningful choices. People had care plans in place. However, there was a lack of detail and care plans had not always been updated to reflect the current support people were receiving. People told us they felt additional training would enable staff to be able to support them more fully with their emotional wellbeing and mental health.

Risks to people were mostly recorded in their care plans. However, care plans and risk assessments had not always been updated to reflect changes in people's support. The provider was prioritising updating records. Staff demonstrated their knowledge of people and how to support them to manage their individual risks.

People and staff told us there were enough staff to meet people's needs. Staffing levels were based on the needs of the people living at the service. We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. Safe recruitment processes were mostly in place.

People received their medicines in line with their preferences by staff who knew people well. Staff mostly followed systems and processes to safely administer, record and store medicines. The provider was carrying

out a review of their medicines processes following the inspection. Improvements were needed to ensure medicines were managed in a way that ensured the best possible outcomes for people.

Systems and processes to monitor the service were not always robust. This meant they were not always effective, did not drive improvement and did not identify some of the issues we found at this inspection. Checks to ensure that records were effective and up to date were not always completed appropriately. The provider had identified some of the concerns prior to the inspection and had started to take action to address them.

Since the last inspection the service had experienced some management and staffing changes which had caused some destabilisation within the staffing team. The registered manager was open and honest about the challenges the service had experienced, both in relation to changing the culture of the service, and the impact of COVID-19. They were working alongside staff to promote a positive culture and embed good practice.

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

#### Rating at last inspection

The last rating for this service was good (published 06 April 2018).

#### Why we inspected

We received concerns in relation to safeguarding, cleanliness and record keeping. As a result, we undertook a focused inspection to review the key questions of safe and well led well-led only.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to record keeping, assessing and monitoring risk and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Crofton Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, acting deputy manager, acting team leader and two care workers. We reviewed a range of records. This included support plans and medicines records for four people. We looked at five staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service. After the inspection we continued to review a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures. We continued to seek clarification from the provider to validate evidence found and received feedback from two staff members.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. People told us they felt safe and liked living at the home. People knew who they could talk to if they had any worries or concerns. One person told us, "Of course I feel safe here...I like it here." Another person told us, "I do feel safe...It's all good."
- Staff told us they understood their responsibilities to safeguard people from abuse and knew how to raise concerns, both within their organisation and beyond, should the need arise, to ensure people's rights were protected. However, we were concerned that staff may not always recognise safeguarding incidents and report them appropriately. For example, there was a completed daily record which identified a potential safeguarding concern and required further clarification. The registered manager told us they would review this incident and submit any required alerts and notifications retrospectively to the relevant authorities if necessary. In addition, they told us they would be working with staff to improve record keeping within the service and would use this as a learning opportunity with the staff team.
- There were appropriate policies and systems in place to protect people from abuse. Most of the staff we spoke to told us they were confident appropriate action would be taken if they had any concerns. We saw evidence of the registered manager and provider responding to concerns raised and ensuring all relevant professionals were notified and kept updated on progress and outcomes of investigations undertaken.

Assessing risk, safety monitoring and management

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. For example, one person had been

supported to develop and maintain meaningful social relationships within their local community. For example, they told us about their participation in local activity groups and how they met up with friends regularly.

- Care plans were person centred and risks to people were mostly recorded in their care plans. However, care plans and risk assessments had not always been updated to reflect changes in people's support. We spoke to the provider about this during the inspection, they had identified this through their own quality assurance processes and were in the process of updating the documentation. The risk was mitigated as staff had good knowledge of the correct information for people. This was confirmed by the people and staff we spoke with.
- Staff demonstrated their knowledge of people and how to support them to manage their individual risks. However, one person told us whilst they felt supported by staff and that staff knew mostly what they were doing, they felt some staff lacked the skills to fully support them with their emotional wellbeing and mental health. Staff we spoke with confirmed this and told us they felt additional training in mental health support would be beneficial, as well as additional training for situations which may escalate to harmful and/or life-threatening incidents. We spoke to the registered manager about this who told us additional mental health training had been scheduled for the staff team.
- Checks and regular maintenance and servicing were in place in relation to health and safety, environment and fire systems. However, we found that these checks were not always consistently completed. For example, water temperature checks. We spoke to the registered manager about this who told us they would address these concerns.

### Staffing and recruitment

- Safe recruitment processes were mostly in place. However, two of the staff files viewed did not contain full employment histories. Staff files mostly contained all the information required to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included references, evidence of the applicant's identity and satisfactory disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The registered manager took action to get the missing information from staff and told us they would be carrying out a full audit of all the staff files to ensure they contained all the information required.
- People and staff told us there were enough staff to meet people's needs. Comments included, "They do have people to make sure I am ok", "I never feel it is too much work for the amount of staff we have got, it has always been appropriate" and "I feel we get more than enough time to spend time with the people we support."
- Staffing levels were based on the needs of the people living at the service. Staff told us how staffing levels were adjusted to meet people's changing needs and how responsive the provider were in supporting additional staffing when required. For example, if someone was experiencing a crisis with their mental health. The registered manager told us how they would proactively schedule additional staffing support around significant events and dates for people.
- We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. People confirmed to us they didn't feel rushed by staff.

### Using medicines safely

- Medicines were administered in line with people's preferences by staff who knew people well. However, we found gaps in people's medicines administration records (MAR) which had not been identified and followed up. This meant it was not clear if people had not received their prescribed medicines or had them administered but not recorded on the MAR chart. We found no evidence people had been harmed as a result



of this and the registered manager implemented a review of the service's medicines quality assurance processes to ensure future errors were identified and addressed promptly going forwards.

- We found concerns relating to the storage and records relating to medicines. For example, the medicines fridge temperature records showed there were instances where the temperatures recorded were outside the acceptable temperature range for medicines and there were gaps in the temperature recordings. We found the records in the medicines files for some people had not always been updated. For example, for one person, the directions on the MAR chart for one 'when required' medicine did not reflect the directions staff were following from another healthcare professional. Another person did not have a protocol in place for one of their 'when required' prescribed medicine which meant staff did not have enough information to enable them to support people safely with this medicine.
- We spoke about these concerns with the manager who told us they were aware people's medicines files were not all current and they were in the process of updating these files for people. We saw evidence this was a work in progress at the time of the inspection. We found no evidence people had been harmed and the risks were mitigated by staff's knowledge of people and their preferred support needs. However, medicines management remained an area for improvement.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. People had personalised rooms and told us they had been involved in making decisions about their bedrooms and the décor. However, the environment had some poorly maintained areas with dirty fixtures and fittings. Such as in the conservatory where there was what appeared to be dirt and dust embedded in the corners of the skirting boards. One person told us it leaked in the conservatory when it rained and there was a handle missing from the glass sliding door. We spoke to the management team about this who told us they were in the process of recruiting for an additional maintenance person and had been sourcing quotes to repair the conservatory from external companies.
- The maintenance log had not been kept updated and not all works required to be carried out had been entered onto the log, or where they had, they had not been updated when work had been carried out. The manager told us they were in the process of improving the environment; they showed us the areas that had already been re-decorated prior to the inspection and told us their plans for the remaining areas of the home. We saw evidence this was a work in progress and the registered manager was aware of what works were required to be carried out and could explain the status for outstanding works.
- 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 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

- People were supported to maintain contact with their family members and friends. The provider facilitated visits for people living in the home in accordance with government guidance.

### Learning lessons when things go wrong

- Accidents and incidents were recorded by staff. However, these were not always sufficiently detailed to enable effective review for analysis of trends and patterns.

- There were processes in place to analyse and monitor incidents. However, these were not always effective as we found not all relevant incidents had been reviewed using this process. For example, we identified records of two falls which had not been added to the slips, trips and falls register for that person. We spoke to the manager about this who assured us they would look into this.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to monitor the service were not always robust. This meant they were not always effective, did not drive improvement and did not identify some of the concerns and areas for improvement we found at this inspection. Concerns were found with regards to record keeping, medicines, cleanliness, the premises, and accidents and incidents as detailed in the safe section of this report.
- The provider had not always ensured records were accurate and up to date. For example, we saw care planning documentation contained out of date information or not enough detail. This meant staff did not have easy access to current and detailed information about people to enable them to provide appropriate care and support in people's preferred way.
- In addition, some records relating to the management of the home were incomplete. Such as cleaning schedules, daily notes, accidents and incidents and medicines storage temperature checks. For example, we found gaps in the daily allocation sheets which were used to support handovers between staff, there were some recording charts in place which were not applicable for some people and some which needed to be updated following a change by a healthcare professional.
- The provider had some audits and checklists in place. These were not always completed consistently or effectively. For example, the weekly fire inspections did not always have a record of what action had been taken in response to actions identified.

The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified some of the concerns themselves prior to the inspection. They had recently recruited a new quality assurance manager, were in the process of completing a review of all their quality assurance processes and systems and new audits were in the process of being implemented. Although it will take time for these new audits and systems to be embedded within the service, the registered manager explained how they would be monitoring the progress internally and externally with the quality assurance manager. In addition, the registered manager had scheduled a meeting with their management team within Crofton Lodge to identify, implement and manage service specific audits to support them to improve.

- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

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

- The registered manager understood the service they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. Comments from people included, "I like [registered manager's name] and [acting deputy manager's name] and I can talk to staff", "It's all good here" and "I like all the staff for different reasons, they all have different talents."
- Most of the feedback from staff we spoke with was positive. However, there was some feedback which was negative about the service and the management of the service. For example, one staff member told us, "As much as I try to raise things, it is not met in the best way...I personally don't feel things are dealt with." Since the last inspection the service had experienced some management and staffing changes which had caused some destabilisation within the staffing team.
- The registered manager was open and honest about the challenges the service had experienced, both in relation to changing the culture of the service, and the impact of COVID-19. They told us how they were working alongside staff to promote a positive culture, person-centred approaches and to embed good practice. This was a work in progress at the time of the inspection. The registered manager demonstrated they investigated all concerns and complaints and worked with external professionals to promote the best outcomes for people.
- During the inspection staff were relaxed, confident and engaged with people consistently. However, we did observe the daily notes completed by staff did not always reflect the support we observed in practice. Some of the notes lacked detail and did not evidence the person-centred approaches used by staff. The registered manager told us they would be reviewing this following the inspection and added it as an agenda item for the next scheduled team meeting.
- The registered manager told us they promoted an open-door policy within the service and we observed this in practice. Throughout the inspection both people and staff approached the registered manager; we observed people clearly knew the registered manager and were comfortable with them. The registered manager knew people and their individual interests and spent time conversing with people.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available.
- The provider understood and mostly implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting mostly supported people's choice, control and independence. Care was person-centred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's individual life choices and preferences were met. One person told us, "I like it here and I like [registered manager's name], she keeps it running."
- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Most of the staff we spoke with told us they felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. One staff

member told us, "I think [registered manager's name] is brilliant, she really cares and is very supportive."

- Most of the staff told us they were involved in developing the service and felt listened to. The registered manager had recently implemented a new management team within the service and shared their plans for developing staff within the service.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs. For example, GP's and speech and language therapists.
- The registered manager told us how they had advocated for one person to get additional support from the community mental health team and continued to advocate and support them to maintain the contact and support from the mental health team. The registered manager was open about the challenges they had encountered at times getting the right support but that they ensured they maintained a good working relationship to ensure positive outcomes for the person.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records.</p>