

The Croft ECM Care Limited

The Croft Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

The Croft is a care home without nursing and is registered to provide accommodation and support for a maximum of 22 people. At the time of the inspection there were 20 people living at the service. People living at The Croft were older people, living with frailty or dementia.

The service is an older detached building set over three floors with a lift to access bedrooms on the first floor. Rooms on the second floor and some on a mezzanine level were accessed via a chair lift. The service is a long-established care home, which was newly registered for this provider on 28 September 2018.

People's experience of using this service:

On the inspection we identified concerns over a lack of robustness over the operation of the staff recruitment systems. We also found concerns over the assessments and guidance for staff over risks associated with long term health conditions. These amounted to breaches of legislation, although we did not identify anyone had suffered harm as a result. The provider and manager commenced immediate action to resolve these.

Other risks to people, such as from falls, choking, poor nutrition or pressure ulcers had been assessed. Actions had been taken to mitigate risks where possible. People told us they ate well. Where there were concerns over people's nutrition or hydration appropriate actions were taken.

We have made a recommendation over the storage of gluten free products.

Care plans were based on up to date assessments of people's needs and were updated on a computerised care planning system. This meant details of people fluid intake or repositioning needs were updated throughout the day. Plans contained details about people's wishes and communication methods, and guided staff on how the person's care should be delivered. We saw people's care plans were being followed in practice. Staff knew people well, including information about their personal history and things of importance to them.

The manager was newly appointed, and although not registered yet had made an application to do so. They had commenced a review of all systems at the service and were making improvements, with the support of the registered providers and local authority quality improvement team. Staff told us they were appreciative of the changes being made.

People told us they were happy living at The Croft. People and relatives told us they received good care and support. We saw good practice during the inspection, when people were supported well by staff, with sensitivity and compassion.

Quality assurance systems and regular audits were in place to assess, monitor and improve the quality and safety of the services provided. These included feedback from people using the service or their relatives. The

registered provider and manager were committed to making improvements at the home, and ensuring effective systems were in place. They had a comprehensive service improvement plan, and were involving relatives, people living at the service and staff in the changes they were making. For example, an assessment of the adaptation of the environment for people living with dementia was under way.

Systems were in place to safeguard people from abuse, and the service responded quickly to any concerns or complaints about people's wellbeing. The service learned from incidents to prevent a re-occurrence, and incidents were audited to check for any patterns. People's rights were being respected, and decisions had been made and recorded in people's best interests where they were not able to make these decisions themselves. The service respected and supported individual people's equality and diversity.

Staffing tools ensured enough staff were in place to meet people's needs, and staff received the training and support they needed to carry out their role.

People received their medicines as prescribed, and there were safe systems in place to manage the storage, administration and disposal of medicines. This was also on a computerised system, which gave alerts if additional medicines were due.

Rating at last inspection

The last rating for this service was Good (Inspection of 6 April 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: This inspection was scheduled based on the date of registration of the new provider. The second day of the inspection was prompted due to concerns received about staff recruitment practices. These were received following the first day. A decision was made for us to return to inspect and examine those risks.

Follow up:

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 the full report which is on the CQC website at www.cqc.org.uk

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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Croft Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We returned to the service for the second day to review the services recruitment systems in greater depth, as we had received some information of concern.

Inspection team:

The inspection team consisted of one inspector, and an Expert by Experience for the first day, and one inspector for the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, care services for older people and people living with dementia.

Service and service type: The Croft is a care home without nursing. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post, who had been working at the service since the beginning of July 2019. They were not yet registered with CQC but had made their application to do so. Being registered means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided. Throughout the report they are referred to as the manager.

Notice of inspection:

This inspection was unannounced and the first day started early in the morning as we wanted to meet the night staff and observe the morning handover between staff shifts. This helped us to see how duties were allocated for the day.

What we did before the inspection:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us.

During the Inspection:

During the inspection we spoke with six people living at the service, the manager, deputy manager, three relatives, and five care staff. We spent two periods of time throughout the first day conducting a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their life at The Croft.

We looked at the care records for three people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at the recruitment files for all staff employed within the preceding six months, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

After the Inspection:

The manager updated us on the actions they had taken.

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 for this service under the new registered provider. This key question has been rated as 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; Staffing and recruitment

- ☐ A system was in place to ensure safe recruitment practices were undertaken. This helps to ensure people are only supported by suitable staff. The system included Disclosure and Barring Service (police) checks, being undertaken before new staff started work. We identified this system was had not always been followed robustly, and that checks had not always been rigorous. For example, we looked at the recruitment records for the preceding six months. We identified some conflicting information on application forms and references which were not always appropriate or from staff member's previous employers. Some gaps in people's work history had not been explored or explained.

We did not identify people had suffered harm because of this. However, the failure to establish and operate a system to ensure people working at the service were suitable to do so is a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- ☐ The manager took immediate action to begin to address this.
- ☐ Staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Policies were in place to guide staff on actions to take if they were concerned over people's wellbeing. Appropriate actions had been taken following a recent safeguarding concern to ensure the person was being supported.
- ☐ People and their relatives said they felt safe. Where people were living with dementia and were not always able to raise concerns directly, care plans contained information about interpreting people's behaviour. This helped to assess whether they were unhappy or uncomfortable.
- ☐ There were enough staff to ensure people had access to the care that met their needs and protected them from risks. People told us "I don't wait long for staff to come – I use my bell and they come" and "Girls are very good. No, I don't have to wait a long time."

Assessing risk, safety monitoring and management

- ☐ People were not always protected from risks associated with their health. Systems had not ensured that people living with long term health conditions, such as epilepsy and diabetes, had personalised care plans

or assessments of risk related to these conditions. Plans did not clearly guide staff on what actions to take to keep people safe in the case of a sudden deterioration in their health. This left people at risk.

- The manager was aware of this and a consultant had been appointed to make sure all the care plans were updated and contained the needed information. However, at the time of the inspection, these had not been completed.

Systems were not sufficiently robust to demonstrate people's safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other personal risk assessments helped identify people at risk from pressure damage, choking and poor nutrition. People told us "Yes I feel safe", and "Yes, there is always someone available if you don't feel well." Assessments and reviews were undertaken when people's fluid intakes were decreased, and appropriate medical advice sought.

- Risk assessments of the environment had identified issues which were being addressed by the maintenance person and were on an action plan.

- Systems were in place to assess risks from equipment including bed rails, and pressure mattresses. Pressure relieving mattresses were checked several times a week to ensure they were working correctly and set at the correct weight level for the person. There were servicing records in place for hoists, and regular tests of the fire equipment.

Using medicines safely

- Medicines were stored, administered and disposed of safely, and people received their medicines as prescribed. The service used a computerised system for the recording and administering of medicines. This was linked to the supplying pharmacist, which helped to reduce risks in the supply of medicines.

- People told us "Staff are good. Medication is kept under lock and key."

- Systems were in place to audit medicines, and systems for the assessment of competency of staff administering medicines were being introduced. Not all staff administered medicines, and no-one did so without training. Staff administering medicines were booked onto an online course for more in depth training on medicines.

Preventing and controlling infection

- Staff received training and support in the management of infections and we saw personal protective equipment such as aprons and gloves being used to reduce risks.

- Systems in the basement laundry area provided a separation between clean and dirty or soiled laundry waiting to be washed.

- The service had no identified specific infection risks and appropriate arrangements were in place for the management of clinical waste, including external storage bins.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence. The manager audited incidents and accidents, for example falls to identify any trends and reduce further risk.

- Senior staff were always on duty or available on call in case of an emergency.

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 for this service under the new registered provider. This key question has been rated as Good.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ The Croft is an older period detached building, with bedrooms set across multiple levels and floors. A shaft lift and chair lifts were in place to access bedrooms above the ground floor. The service had adapted bathing facilities, including hoists and raised toilet seats. The manager told us they had carried out an assessment of the premises and had identified to the provider several areas for improvement. These included increased handrails, and modifications to meet the needs of people living with dementia, such as a reduction in patterned furnishings. The provider told us they were committed to providing an appropriate environment for people living with dementia.
- ☐ Current adaptations included high contrast toilet sets, coloured plates to highlight foods, and directional signage with pictures to help people orientate themselves. Most rooms had adjustable beds, some with specialist pressure relieving mattresses where people were at risk of skin damage due to pressure.

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

- ☐ Assessments of people's needs were carried out before they came to live at the service. These were then used to develop the person's plan of care. People or their relatives had been involved in their assessments, care planning and reviews where this was possible.
- ☐ Care plans were person centred, and in line with good practice.

Staff support: Induction, training, skills and experience.

- ☐ The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This included induction, training and support. The manager told us her expectation would be that all staff would complete the Care Certificate, unless they had done so previously. The Care Certificate is a nationally recognised course for the Induction for care workers. The staff training programme had been updated, and newer, but experienced staff told us their training was being updated to be in line with The Croft training programme.
- ☐ Staff told us they felt well supported and had access to the management team at any time to discuss any areas of concern. The registered manager was developing the supervision programme for staff to include more developmental assessment, as previous systems had relied heavily on the assessment of observed practice.

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

- People told us they enjoyed the meals served to them. People said, "Can't fault it -it's very good" and we saw people being offered additional choices, and additional meals if they wanted this. For example, one person who needed a pureed diet had really enjoyed their dessert and had eaten well. The staff member with them found there was none of that dessert left, so they pureed some mandarin oranges and cream for them, which again the person really enjoyed.
- Choices were available for each meal although people did not always remember having previously been asked what they would like. Where people were at risk of malnutrition they had been prescribed supplements, or their meals were being fortified. People's weight and nutritional assessments were reviewed every month and actions were taken if people were at increased risk.
- One person was receiving a gluten free diet. The service had obtained suitable gluten free foods, such as gluten free flour. However we found this was not being stored in a sealed container, so was open to potential contamination from gluten containing items in the same food store.

We recommend the service takes appropriate guidance in relation to the storage of gluten free products.

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

- The service had positive working relationships with community medical services. Evidence was in people's files of their access to doctors, community nurses, OTs and physiotherapists, dieticians and speech and language therapists.
- People were also referred to local podiatry services, optical and dental services who could make visits to people at the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place.
- We observed people were asked for their consent for care, but this was not always being recorded. One person told us staff always ask or got permission before they assisted with bathing or helping to dress them.
- Applications for DoLS had been made, but only one had been granted. The manager had set up a tracker system to ensure they were aware of progress on applications made. They told us for example how they had updated an application to reflect one person's needs had changed.

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 service under the new registered provider. This key question has been rated as Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's privacy and dignity were respected. Personal care was delivered in private. Relatives of people living at the service told us "I can't see anything wrong" with the home and "I can't see how it could be better - staff really care."
- ☐ People's independence was encouraged. We observed people being given support to eat, including in a communal area. The person took their spoon on occasion and ate by themselves. The care worker helping them gave them encouragement and support when they ate unsupported, and assistance when they lost focus. This helped the person enjoy their meal and maintain their skills when they were able.
- ☐ Other people also experienced a positive mealtime. Recorded music familiar to older people was playing in the background in the dining room. The atmosphere was relaxed and sociable. Staff not engaged in assisting people with eating checked on people eating, cleared dishes and served dessert. A member of staff also made conversation with people and engaged them talking about her dogs and the dogs' people had had in the past.
- ☐ We saw staff knocking on doors and waiting to be allowed access to the person's room. Staff spoke about people respectfully in the handover and throughout the inspection, and this was continued in recording in their notes. A staff member told us, "For some of them we are all they have."
- ☐ Staff had recently stopped wearing uniform and wore their own clothes and name badges to work. People said this has had a positive effect both on staff and the people who lived there. A notice board with staff photographs was being prepared so people could reassure themselves over staff roles.

Ensuring people are well treated and supported

- ☐ People and relatives said people were well supported. Relatives told us they were kept up to date with any changes in people's health. One relative said "'Yes. If they are going to change the care plan they let me know. They keep me updated with changes, for example with mum's eating. They go out of their way to let me know."
- ☐ One person told us "Yes the staff are respectful. I've no reason to think any other, I have to speak as I find."
- ☐ We saw evidence during the day of staff ensuring the 'little things' were attended to. For example, a staff member speaking to a person said, "I've cleaned your sandals, polished them up and put them in your room." The person was very pleased. Staff told us "sometimes it is the little things that make all the

difference."

- ☐ Visitors told us they were welcomed to visit the service at any time. Some told us they visited daily and were offered hospitality.

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

- ☐ Care plans included information about people's personal, cultural and religious beliefs. The registered manager told us the service respected people's diversity and was open to people of all faiths and belief systems or none. Statements were in the service's policies and staff handbooks on their expectations about anti-discriminatory practice.
- ☐ Meetings were held to encourage people and relatives/visitors to share their views about the service and receive updates about developments. One relative told us there were meetings to which they had been invited but had not attended. They said "They give us a sheet about the meeting so we know what is being discussed."

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 service under the new registered provider. This key question has been rated as Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People received care and support in a way that was responsive to their needs. We looked at the care and support plans for three people with a range of needs. We identified some conflicting information, for example one plan indicated the person had unintentionally lost weight, but another area of their plan indicated they had not lost weight in the last six months. This was discussed with the manager who confirmed they were aware of the conflicts and were updating all plans as a result.
- ☐ Plans included people's strengths and retained skills, as well as areas of support needed. For example, one plan explained how the person could participate in washing their hands and face while having a bath. Plans were maintained on a computerised care planning system. This meant staff could be immediately updated on people's needs for example if a person needed repositioning.
- ☐ Plans included some information on people's personal and social history. This helped staff understand the person in the context of the life they had lived. The person's plan contained evidence of how the staff team used their knowledge of the persons history to support them now.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss.

- ☐ We looked at how the service shared information with people to support their rights and help them with decisions and choices. Information on people's communication needs was included in their care plans.
- ☐ The service had access to specialist tools, for example to help understand if people unable to express pain verbally might be experiencing pain.
- ☐ Some information was available in larger print, for example the complaints procedure.
- ☐ The manager told us they had been working on developing activities for people. Tables in the dining room were laid up with table top games both in the morning and different activities were placed on the tables for the afternoon. The service had people visiting to support activities, such as an Arts and Crafts organiser who was doing individual activities with people in the lounge in the afternoon.
- ☐ People said a music session was held regularly and they recently had a visit from someone who 'keeps reptiles', which people were able to touch. A fete was being held in August to raise money to develop activities further. The manager was engaging people with filling bird feeders, folding linens, laying tables, pushing a sweeper, as well as wanting to start a gardening group. They told us they had started doing ping pong on Tuesday and Friday and had had an afternoon of mocktails in the garden. They had further planned

to try armchair exercises and general dancing to see if this would be successful. Photographs were taken of people enjoying activities which were going on display.

Improving care quality in response to complaints or concerns

- ☐ Policies were available to support people and visitors to raise any concerns or complaints. These were on display in the home.
- ☐ We saw the service had taken appropriate action to investigate any concerns. The management also considered ways to capture how they addressed day to day concerns to show how their approach ensured people felt listened to and valued.
- ☐ People said they would feel able to raise concerns if they needed to. People told us they would go to the manager or provider if they needed to raise anything.

End of life care and support

- ☐ People's care wishes at the end of their lives were recorded in their care files where these were known, and these were being updated. Other clinical forms recorded people's wishes regarding lifesaving treatment in the case of a sudden deterioration in their health. These helped ensure people did not receive unwanted levels of support or treatment.
- ☐ Where people had been assessed as being near the end of their life medicines were available in advance to ensure they could be available without delay. This included to relieve pain or distress.
- ☐ Staff had received training in supporting people through death, dying and bereavement.

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 service under the new registered provider. This key question has been rated as 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 were clear about their roles and understanding quality performance.

- ☐ On the inspection we identified breaches of regulations, that had not ensured people's safety and the quality of the service. Some care records were not accurate or complete, for example some care plans contained conflicting information and quality assurance processes had not identified storage of gluten free products or concerns over a lack of robustness in the recruitment process and records.

Although we did not identify people had suffered any harm as a result of this, the failure to meet these regulations had left people at risk of harm. The failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

- ☐ The manager was newly in post (4 weeks) and had made an application to register with the Care Quality Commission. They had made assessments of the changes needed at the service and were working alongside the local authority quality improvement team to make them. An overall service improvement plan was in place and being worked through, which included improvements to records. Managers had employed a consultant to assist with the works needed.

- ☐ People told us the manager and providers were making positive changes. One staff member said "I can't thank the new manager enough" for their support.

- ☐ Staff told us it was a good place to work. Staff were kept in touch with changes and improvements being made. The manager told us staff were becoming enthused with ways to improve people's lives. New policies and procedures were implemented at staff meetings and a new staff handbook and contracts had been issued in June 2019. This included statements on equal opportunities and the services equality and diversity policy, use of mobile phones and social media.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The service informed relatives if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.
- ☐ Systems were in place to assess and improve the quality and safety of services, which were being

supplemented by newer more robust systems, in conjunction with the local quality improvement team. Systems in place included audits of care plans, incidents and accidents, medicines, and health and safety checklists. Some of these were new, and we therefore did not yet have assurance on how effective these would be.

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

- The manager sought views about the service from people and staff through a series of questionnaires. These were then used to compile overall results which were audited and used to make any changes where needed.
- Questionnaires were sent out and information was also sought from visitors and community healthcare professionals to identify where any improvements could be made.

Continuous learning and improving care

- The provider had registered on a degree course with a university recognised for its excellence in promoting positive services for people with dementia. They told us their vision for the service was to be 'at the fore front of dementia care'. They were positive about accessing information and support on resources to support best practice in the service.
- The manager could demonstrate they were continually working towards improvements, for example by accessing the sector skills council website, and CQC website for updates on practice and Regulations. Discussion was held on other resources to access for advice and guidance, such as the Local Authority Quality Improvement team, manager's forums or provider groups.

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>Regulation 17 (1) (2) (b) (c) (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>The registered persons had failed to operate systems which effectively assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users.</p> <p>Registered persons had not maintained such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Fit and proper persons).</p> <p>The service had not established and operated a system to ensure people working at the service were suitable to do so</p>