

Croft House Care Home Limited

# Croft House Care Home Limited

## Inspection report

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Date of inspection visit:  
10 January 2020  
15 January 2020

Date of publication:  
24 February 2020

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Croft House is a residential care home located in Eastburn near Keighley. It provides personal care for up to 29 people aged 65 and over. At the time of the inspection there were 23 people living in the home.

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

People received exceptional outcomes using the service. People had experienced a better quality of life after moving to the home, made possible due to the dedication and skill of the staff team. People received care from a highly knowledgeable staff team who had access to a wide variety of training and support. The service had developed extremely strong working relationships with local health professionals which ensured people's healthcare needs were fully met. The service was creative in the ways it promoted good nutrition and hydration, in a way that worked for each individual.

Staff were exceptionally kind and caring to people and were dedicated to ensuring each person had as comfortable a life as possible. All staff and the management team demonstrated extremely caring and person-centred values. People were treated with a high level of dignity and respect. People were truly listened to by staff and their views and opinions used to ensure an individualised framework of care and support. Staff promoted equality and diversity in creative ways, ensuring people's rights were continuously upheld.

People's needs were fully assessed by the service and used to develop a comprehensive range of care plans which were well understood by staff. The service fully met the requirements of the accessible information standard, ensuring creative aids were available to support people's communication and understanding. An excellent range of activities and social opportunities were available to people and there were exceptional links with the local community.

Everyone involved in the service provided exceptional feedback about the overall quality of the service. There was a truly person-centred culture with the management and staff team and all were highly involved in people's care and support. The service sought and developed its own best practice to be at the forefront of high-quality care. A range of audits and checks were undertaken to ensure continuous improvement of the service.

The service was safe. Risks to people's health and safety were assessed and mitigated. Medicines were managed in a safe and proper way. There were a high number of staff available each day to provide people with stimulation, interaction and ensure they were safe. Incidents and accidents were logged and investigated and learnt from where appropriate.

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.

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 23 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

See details in our safe section below.

Good 

### Is the service effective?

The service was extremely effective.

See details within our effective section below.

Outstanding 

### Is the service caring?

The service was extremely caring.

See our caring section below.

Outstanding 

### Is the service responsive?

The service was extremely responsive.

See our responsive section below.

Outstanding 

### Is the service well-led?

The service was extremely well-led.

See our well-led section below.

Outstanding 

# Croft House Care Home Limited

## **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 House Care Home Limited is a 'care home.' People in care homes receive accommodation personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

The first day of the inspection was unannounced. We informed the registered manager about the second day to ensure they would be present to assist us.

#### 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. 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 five people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, team leader, four care workers and the cook. We spoke with two health professionals who were visiting the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were 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 obtained feedback from three further professionals who regularly visit 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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Staff had developed positive and trusting relationships with people. People said they were treated well and felt safe and secure in the home. Safeguarding incidents were correctly reported, investigated and measures put in place to prevent a re-occurrence.
- People told us they felt able to speak with staff and the management team without fear of retribution or discrimination.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Clear and detailed risk assessments were in place which were well understood by staff, giving us assurance they were followed. People were supported to take positive risks for example in accessing the community to maintain their freedom and independence.
- The premises and equipment was safely managed and suitable for its intended purpose. It was maintained to a high standard with investment in safety features such as a sprinkler system to reduce the impact of fire.

Staffing and recruitment

- There were enough appropriately trained staff available to ensure people's needs were met. We observed a high number of staff on duty who were highly effective in providing people with assistance, support and companionship whenever they needed it.
- Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

Using medicines safely

- Medicines were managed in a safe and proper way. The service had introduced an electronic medicine management system, which had improved the safety of the service. Since the system was introduced in 2018 there had been no medicine errors. Medicine records were clear and concise and demonstrated people received their medicines as prescribed.
- Senior care workers received training in medicines management and had their competency to give medicines assessed. We found them to be knowledgeable about people and their medicine support.

Preventing and controlling infection

- The home was kept clean and hygienic with good infection control practices followed. Checks were undertaken by the management team to ensure good practice was consistently followed.

### Learning lessons when things go wrong

- The service logged and investigated incidents and put measures in place to prevent a re-occurrence. This included using assistive technology in people's best interests such as motion sensors and sensor mats to reduce the risk and impact of falls.
- Reflection took place following adverse incidents or concerns to help continuously improve the service.

# 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 now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People experienced exceptional outcomes. People, relatives and health professionals all stated this and said care was excellent and distinctive. We saw examples of how people's conditions had significantly improved, defying the expectations of health professionals due to the dedicated, skilled and hardworking staff team. For example, staff had helped one person's severe pressure sore heal using a creative and highly person-centred approach.
- The service worked effectively in collaboration with a range of organisations to keep up-to-date with best practice, developing and sharing their own best practice with others. For example, they had worked with a nurse call system manufacturer to develop bespoke software which was then used to analyse the response times of staff to ensure people always received prompt care and support.

Staff support: induction, training, skills and experience

- People and their relatives were fully involved in the recruitment of new staff, having real influence on recruitment decisions. People provided questions to aid the interview process, met potential candidates and recorded their opinions. People who lacked verbal communication were not excluded, with their body language assessed, demonstrating an excellent approach to equality.
- Training was planned in a person-centred way around the needs of each individual as well as the training needs of staff. Information on the individual learning style of staff was used to develop bespoke training that worked for them. Staff had an excellent knowledge of the people and topics we asked them about demonstrating this approach was highly effective.
- People and relatives were fully involved in the homes approach to training. They had accessed training to better understand health conditions to provide better self-care or emotional support. For example, people and relatives had been fully involved in an awareness day about pressure ulcers, with games used to develop knowledge and awareness.
- A comprehensive system of staff support and appraisal was in place. For example, after commencing employment staff received weekly supervision. This reviewed their values, behaviour, knowledge and support. Staff told us the support from the service was 'amazing' and like nothing they had experienced elsewhere.

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

- People's nutritional needs were fully met. People had access to an excellent range of food in line with their preferences and needs. Menus were varied and there was a large variety of snacks available each day. Themed nights were used to introduce people to new flavours and tastes in a fun and entertaining way.

- The service had an excellent track record of using innovative methods to help people put on weight and reduce nutritional risk. For example, one person had put on 10kg through the dedicated approach of staff. Once staff fully understood the person's needs they put in place a bespoke plan which included spending an hour each morning with them in their preferred environment to ensure they ate well.
- People on specific diets were fully considered, with staff ensuring these people were able to take satisfaction in mealtimes. For example, a high level of effort went into moulding pureed food to make it as appealing as possible. A creative approach to nutritional supplements was used, making them into mousses and ice creams. A number of people no longer needed supplements due to the service's success at providing bespoke meals and snacks for each individual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Health professionals provided exceptional feedback about the service and said people's needs were fully met. The service worked effectively with professionals, helping people to achieve excellent outcomes, increasing their independence and quality of life.
- Meaningful champions were in place who truly promoted their subjects with both people and the rest of the staff team in order to ensure the very best care. These staff were highly motivated and passionate about their subjects and had made real changes to practice in order to benefit people who used the service. For example, pressure area care was constantly promoted, and the service had an excellent track record in preventing and healing pressure ulcers.

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

- The building was fully adapted to meet people's individual needs. People had real influence in how the building and their rooms were decorated contributing to every aspect of its design. We saw the building was decorated to a high standard throughout and was highly personalised.
- The layout of the building was such that there were a number of different communal areas where people could spend time privately or with others. This helped the service to provide highly person-centred care, with people doing their own preferred pastimes in each area.

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 .

- The service was fully meeting the requirements of the MCA. Where people had difficulty understanding, staff still involved them to the maximum extent possible, using a range of techniques including visual aids to promote understanding. Clear best interest processes were followed where necessary.
- Staff had a very good understanding of the MCA. Champions were in place who promoted the subject. The service had developed its own training material and acronym for remembering key principals of the MCA. We saw the principals of the act were consistently followed.

# 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 outstanding. At this inspection this key question has now remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback about staff was truly exceptional. One person said "Every morning an angel visits me and takes care of me." Another person said of staff, "excellent, they are so kind to people and take so much time with everyone." A visiting professional stated "I think this home is amazing, my first visit felt like I was in a lovely home of a patient, all staff have a personal relationship and know all patients they are just not a number." Staff consistently interacted with people in a kind and positive manner, engaging people in conversation, telling jokes and stimulating laughter at every opportunity. There was a truly person-centred culture with all grades of staff supporting each person to have as good a life as possible. All staff demonstrated extremely caring values and were dedicated in their approach to high quality, compassionate care.
- People's life history was used by the service in meaningful ways to develop care plans that led real improvements in people's outcomes. For example, people's preferences and interests were used in creative ways to promote good nutrition, skin integrity, mobility, social opportunities and independence. Staff had an in-depth understanding of each person and had developed excellent, caring relationships with them.
- Equality and diversity was at the forefront of the service. Staff went out of their way to ensure everyone had opportunities, for example investing time to make sure those who lacked verbal communication had influence on their care and how the service operated. Equality champions were in place and LGBT rights were promoted in creative ways. Staff and the management team had created a safe space where people and staff were able to be themselves without any discrimination or prejudice.

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

- The service was exceptional at helping people to express their views. Staff used creative and innovative ways to ensure each person was understood and able to air their views. People held real influence over their care including the recruitment of staff, the home's environment, the food and the individualised programme of activities and social opportunities.
- A comprehensive and meaningful 'resident of the day scheme' was in place. Every month, each person was celebrated, they met with all the different staff groups to discuss every detail of their care including laundry, food and the room environment. People were treated to the food and activity of their choice and their views were recorded in a detailed way and used to further personalise their care experience, ensuring their wishes and preferences continued to be met.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service. People provided exceptional feedback about staff and said they were truly valued. People had real influence in who provided care and support to

them with individualised arrangements in place dependant on people's preferences. Care and support was always delivered by staff they knew and trusted.

- There was an excellent, person centred atmosphere. Staff including management sat and ate with people at lunchtime making for a lovely mealtime experience. Families were also invited to eat with people whenever they liked. There was a high number of visitors in the home during our inspection and they all said they were made to feel extremely welcome by staff and the management team.

- People's independence was promoted in creative ways. This included bespoke activities with each person to keep them mobile and active and a clear philosophy that people should be supported to maintain independence with regards to mobility and continence care through excellent care planning. A range of adaptive cutlery had been purchased and used to enable people to eat with dignity in a more independent way.

## 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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People, relatives, staff and visiting health professionals all said the service provided an exceptional level of care and people experienced excellent outcomes. One relative said the home had "surpassed all expectations. It is a first-class home." Another relative said "The quality of care here is brilliant." The dedicated approach of staff had led to real improvements to people's outcomes and independence. For example, one person no longer needed to use incontinence aids due to the excellent work staff had undertaken around continence care.
- People and their relatives had meaningful input into care and support plans. They said the management team spent considerable time with them prior to admission to consider their every need. Care plans were exceptionally detailed and showed every aspect of people's wishes and preferences had been considered by staff down to the brand and type of toothpaste people preferred to use.
- Staff had an outstanding knowledge of people's individual needs, values and beliefs resulting in highly person-centred care. For example, staff knew what was important to each person and took great effort in ensuring people had the exact care and support they needed. The rights of those with more complex needs were strongly promoted ensuring they were just as involved in all aspects of their care and how the home operated.

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.

- The service had taken innovative steps to meet people's information and communication needs. For example, it had been identified that some people better understood verbal information. 'Talking tiles' were in place which provided information to people on range of subjects at the press of a button, including the menu and key policies. Theses were used to good effect. Pictorial aids and tablet computers were also used on a daily basis to help people make informed choices.
- Staff and management were passionate about ensuring everyone in the home had a voice. Detailed information on people's communication needs was shown to the relevant visitors on entering the home, highlighting how keen the service was to ensure people were able to communicate effectively with others.

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

- The service was exceptional at helping people to reduce social isolation and had developed extremely strong links with the local community. For example, residents had been paired with individual school children who came in weekly to read to them, which people really enjoyed. Fundraising events took place fully involving people, relatives and the local community. Local police visited the home to promote safety and help promote conversation and reminiscence with people. People and relatives had a high level of praise for the opportunities available to people. One relative said "Activities are superb, they never leave a resident alone."
- People who had previously been socially isolated prior to living at the service were integrated into home life through the hard work of staff. Relatives told us staff were extremely skilled in this area and had exceeded all expectations. People were encouraged to talk to each other through seating arrangements and staff and management of all levels spent quality time with people each day doing what they wanted to do.
- The service ensured an excellent range of social events and activities were available to people. Feedback from people and relatives was extremely positive and stated they were amazed at the range of activities that took place. The service had its own minibus and people were regularly taken out to a range of locations.
- People's life history, interests and preferences was used to ensure bespoke activities were available for each person. During the inspection we saw multiple activities going on in different areas of the home in line with people's individual preferences, demonstrating a truly person-centred approach.

#### End of life care and support

- The service provided exceptional and highly person-centred end of life care. Relatives and professionals provided excellent feedback about the home and its approach. One professional told us "End of life care is amazing. Patients are comfortable, not in pain, mouth care and dignity is maintained, I would put one of my parents in here." Another professional said "I have worked closely with staff and district nurses on a number of occasions, allowing residents to die with dignity. I have found staff at Croft House go that extra mile to ensure the residents wishes are adhered to". Detailed information on people's end of life needs was sought, with people fully involved in the process.
- A high level of thought had gone into supporting people and their relatives in the last few days of people's lives. This included 'comfort boxes' both for people and their relatives with the items which would make their lives more comfortable, including make-up and soft toothbrushes, cleaning products and towels.
- Staff and the management team had an excellent understanding of good end of life care. Staff had received comprehensive training in end of life care and champions were continuously improving staff practice. Reflection took place on each death to learn from the experience and see if anything could be done differently. Staff and relatives received a high level of support following any deaths in the home and these were handled with sensitivity and compassion.

#### Improving care quality in response to complaints or concerns

- Complaints were taken seriously, learnt from and used to improve the quality of care. There were a low number of complaints received, all complaints had been investigated thoroughly, the manager apologised for any shortfalls in care delivery and put strong measures in place to ensure the service learnt from them.
- Following a complaint that a toothbrush was not being used by staff, a comprehensive new system to check and audit toothbrush usage had been put in place with excellent results helping improve oral hygiene within the home.
- People and relatives remarked how approachable and open the management team were. They felt able to confide in them about any issues no matter how small they perceived them to be.

# 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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People, relatives and health professionals said the service was imaginative, distinct and provided the best possible care. One relative said, "Exceptional care through and through." All staff and the management team were committed to providing highly personalised care and were effective in helping people achieve the best possible outcomes.
- Staff were highly motivated and proud to work at the service. They all described it as an excellent place to work and said the management team were extremely supportive. Staff were supported to maintain good health and wellbeing, for example supporting them to maintain their cultural beliefs and promoting good mental health. Staff were strongly supported to develop further skills and knowledge including leadership skills.
- Clear person-centred values were in place which were developed in partnership with people and staff and were subject to regular review. Staff were true to those values with everyone spending quality time with people to promote their health and wellbeing.

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

- There was an exceptionally strong governance framework in place with quality improvement at the heart of it. Since the last inspection the service had strengthened its management arrangements appointing a new deputy manager and team leader, who together with the registered manager had put in place a number of creative initiatives that had led to real improvement of the service. This had resulted in measurable improvements to people's outcomes.
- Outcomes for people were closely monitored and used by the service to demonstrate the quality of its care. This ensured a truly personalised approach to quality assurance with people's health, social activity and their feedback a key part of this.
- The provider had invested heavily in the service to improve the safety and wellbeing of the residents. For example, a full sprinkler system had been installed, an electronic medicine management system was implemented which had eliminated errors and a hydrotherapy bath which people were very fond of.
- Staff performance was closely monitored and led to clear service improvement. For example, extremely person centred and up-to-date care plans and well completed topical medicine charts were now in place as a result of identifying and rectifying suboptimal practice.

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

### characteristics

- The service had developed best practice models, for example around continence, nutrition and social activities, through close consultation with people, relatives and local health professionals. This had resulted in sustained outstanding practice.
- People, relatives and health professionals were fully engaged and involved in the home. For example, relatives were encouraged to attend events within the home including training and meetings and contribute to the planning and delivery of activities.
- The service was at the heart of the local community and had developed strong links with local events and organisations in order to provide meaningful activities to people. For example, intensive work took place with the local schools and this had resulted in positive relationships developing between people and members of the community.
- Residents and relatives and staff had provided comprehensive feedback on all aspects of the service. This included the admission process, care planning, food and nutrition. People's equality characteristics were fully taken into account.

### Working in partnership with others

- The service worked in collaboration with others to drive improvement within the home and the local care home sector. For example, they had worked closely with another local care home, implementing some of their best practice and sharing ideas and resources in return.
- The service had developed exceptionally strong relationships with a range of organisations including the local GP practice to help share knowledge and improve the quality of end of life care provided in the home.
- The home's practices were used as an exemplar of good practice by many local organisations. They had won several local awards for example 'Care Home of the Year' in 2018 and an award for 'Outstanding commitment to pressure area prevention' in 2019 and due to the consistently high quality of their skin integrity care.

### 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

- Everyone we spoke with said the registered manager was open, approachable and willing to listen to their views and comments. When things had gone wrong we saw evidence the registered manager had liaised with people in an open and transparent way, apologising if any shortfalls were identified.