Croft House (Care) Limited

Croft Dene Care Home

Inspection report

Threap Gardens, Off Simonside Avenue
Howdon, Wallsend
Newcastle upon Tyne
NE28 7HT

Tel: 01912633791

Date of inspection visit:
09 November 2016
10 November 2016

Date of publication:
24 January 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 9 November 2016 and we returned on 10 November 2016 to complete the inspection. We previously inspected the service on 20 November 2014 when a change of provider had taken place and found it was complying with the regulations.

Croft Dene is a residential care home situated in the Howdon area of Wallsend. It provides accommodation, personal and nursing care for up to 42 people with physical and mental health related conditions. At the time of our inspection 35 people used at the service and three people were in hospital.

Croft Dene has a care manager in post who manages the service on a daily basis. There was also a registered manager in post who manages another of the provider's registered locations however, she was not present during this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Routine safety checks were carried out around the premises; however we found these were not robust enough to ensure compliance with statutory requirements. We highlighted several safety issues in the home which had not been addressed.

There was a medicines policy and procedure in place, however medicines were managed inconsistently throughout the home. We found issues with the storage, administration and recording of medicines on the upper floor although these tasks were well managed downstairs.

We observed all staff interacting with people throughout the inspection. Communication with people was not always respectful and in particular we witnessed two undignified interactions between non-care related staff and people who were diagnosed with dementia. We reported our observations to the care manager and later to the registered manager. They told us they would take immediate action to address this issue.

All other staff displayed kind, caring and compassionate attitudes and people told us everyone was nice to them. We saw care workers treated people with dignity and respect whilst assisting with personal care and we saw discreet interactions with people who required support to eat their meal. People enjoyed a friendly relationship with the staff and it was apparent they knew each other well.

The upper floor of the home was designated for people living with dementia or similar health conditions. We found the design of the upper floor was not dementia friendly. Walls and floors were bland and handrails and other adaptations did not stand out. There was a lack of décor and memorabilia to stimulate memories and conversation. We have made a recommendation about this.

There was an activities coordinator employed at the service. We saw information on display about

forthcoming activities and we observed people engaging in a craft activity during the inspection. However, people, relatives and staff all told us that activities in the home needed much improvement. We were told the activities on display didn't always happen and the activities coordinator did not spend time with people on a one to one basis. We have made a recommendation about activity provision.

The service offered people a choice of meals. The food looked appetising and was well balanced. Special diets were catered for the cook was familiar with people's dietary needs. Following a recent choking incident, all risk assessments had been reviewed and all staff had been refreshed regarding people's individual needs around soft and pureed diets. People appeared to enjoy their meals, however some relatives told us their relations preferences were not always responded to. We observed mealtimes to be functional but they lacked an opportunity for stimulation and socialisation.

Improvements had been made with updating support plans and making them person-centred following concerns raised by the local authority and the clinical commissioning group at one of their previous visits. We saw one page profiles were being completed with personalised information about life history, interests and preferences. We examined three individual care records thoroughly and found that all of them were incomplete, contained inaccuracies and documents held within the records were not always signed and dated.

People we spoke with told us they felt safe living at Croft Dene. Relatives confirmed this. Staff were trained in the safeguarding of vulnerable adults and they demonstrated their awareness and responsibilities with regards to protecting people from harm and abuse. Policies, procedures and systems were in place to support staff with the operation of the service. Care needs were assessed and reviewed as necessary. Individual risks which people faced in their daily lives had been assessed and control measures were in place to reduce the possibility of an accident occurring.

Accidents and incidents were recorded, investigated and monitored. Action plans were in place to reduce the likelihood of a repeat event. The care manager reported all incidents to external bodies as necessary. The registered manager analysed this information to track trends throughout the provider's organisation.

People and relatives told us they felt there was enough staff employed at the service and staff responded quickly to them when called upon. We heard some comments about staff shortages at weekends. There were mixed opinions amongst the staff team about staffing levels although most care workers told us they did not feel hurried in their duties and felt they were able to meet people's needs. Staff had been safely recruited. Staff completed training in topics relevant to their role and competencies were checked.

The care manager and care workers demonstrated an understanding of the Mental Capacity Act (MCA) and their responsibilities. Records showed they had assessed people's mental capacity and reviewed it as necessary. 13 people had their freedom restricted through an approved Deprivation of Liberty Safeguard (DoLS). This had been appropriately assessed and applied for in line with the MCA and deemed necessary for people's own safety. Complex decisions that were made in people's best interests' had been appropriately taken with other professionals and a relative involved. Other decisions about aspects of daily life were not always recorded in line with MCA principles. We have made a recommendation about this.

There was a complaints procedure in place. Seven complaints had been received by the service in 2016. We reviewed response letters and saw evidence of internal investigations into the issues raised had taken place and complainants had received a timely response in line with the policy. A suggestion box was in place to acquire feedback from people, relatives and staff.

There were differing opinions from the staff about the leadership of the service. Some staff told us they felt supported by the management team and had received regular supervision and appraisal. Staff meetings had not been held as often as planned however some staff told us they felt able to approach the care manager and the registered manager whenever necessary. Equally there were staff who did not feel supported or valued by the management.

The provider had recently visited the home and carried out a quality assurance audit on 20 October 2016. The care manager carried out daily, weekly and monthly checks on the quality and safety of the service and reported her findings onto the registered manager. Although these processes were in place, they had not been completed effectively in order to identify all of the issues we raised during the inspection regarding compliance with statutory regulations. After the inspection, we discussed this with the registered manager who told us immediate action had been taken to address the safety issues and herself, the care manager and the provider had an action plan to attend to the shortfalls.

We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We identified several environmental factors which posed an immediate risk to people's safety.

Medicines were not managed consistently throughout the home.

People told us they felt safe living at Croft Dene. Policies and procedures were in place to safeguard people from the risk of harm or improper treatment.

Staff were safely recruited and deployed to meet the needs of the service.

Is the service effective?

Requires Improvement

The service was not always effective.

The design and decoration of the home did not meet with best practice guidelines relating to dementia care.

The care manager and staff had some understanding of the Mental Capacity Act, however decision's made in people's best interests were not recorded in line with MCA principals or guidelines.

Mealtimes were functional but little effort was made to ensure this was a positive and sociable experience. People had appropriate access to external professionals to maintain their health and well-being.

Staff were trained and received support in their role to maintain competency.

Is the service caring?

Requires Improvement

The service was not always caring.

We witnessed two undignified interactions between staff and people which were disrespectful and inappropriate.

All other staff acted professionally and were helpful and friendly, displaying kind and caring values.

Staff knew people well and were able to tell us about people's life histories, preferences and routines.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were in the process of being reviewed and updated to ensure they were person-centred. Some revised records did not reflect current practice.

The activities provision within the home did not provide people with stimulating and meaningful activities which met their individual needs. The service did not actively promote socialisation and inclusion amongst all people.

There was a complaints process in place and we saw these were investigated and responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager was in post however she was not based at Croft Dene. A care manager took day to day charge of the service.

There were mixed opinions from people, relatives and staff about the management of the service.

Some audits and checks of the quality and safety of the service had taken place however they were not robust enough to identify all of the concerns we raised during the inspection.

Croft Dene Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 9 and 10 November 2016 and was unannounced. The inspection consisted of two adult social care inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all of the information we held about Croft Dene Care Home, including any statutory notifications that the provider had sent us and any safeguarding and whistle blowing information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

During the inspection we spoke with 12 people who used the service, seven relatives and one visiting professional to gain their opinion of the service. We spoke with 15 members of staff, including the care manager, an administrator, three nurses (one of which was an agency worker), two senior care workers, four care workers, two domestic assistants, an activities coordinator and the cook. We spoke with the registered manager after the inspection as she was not present during the inspection. We reviewed a range of care records and the records kept regarding the quality and safety management of the service. This included looking at three people's care records in depth and reviewing others. We also looked at four staff recruitment files and training records.

Additionally, we received information from North Tyneside Council's contracts monitoring team and adult safeguarding team which we used to inform the planning of our inspection. Healthwatch (North Tyneside) also informed us of a compliment they had recently received about the service. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

In May 2016 we asked for a Provider Information Return (PIR) which was completed and returned to us in a timely manner. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

We observed several immediate environmental risks to people's safety. This included in three communal bathroom areas the emergency pull cords which should hang to the floor were tied up and hooked onto clothes pegs. Rooms such as housekeeping cupboards, the laundry, a sluice room, and equipment storage rooms were left unlocked or unattended for long periods of time. In the laundry room we observed easy access to a bottle of bleach, equipment such as a mangle and access to a fuse box. We also saw bottles of 'extra-strength washing up liquid' were easily accessible on kitchen benches or stored in unlocked kitchen cupboards. These items were not locked away and open foodstuff was not labelled in the fridges and cupboards. This meant people had access to hazardous chemicals and could access food items which could potentially cause them harm through the risk of choking, allergies or being out of date. We informed the care manager of these hazards and she told us they would be addressed immediately.

In all of the communal kitchenettes, hot kettles (some of which contained boiling water) were left unattended on the bench. Four pedestal bins were broken and we observed staff used their hands to lift the lids without the use of personal protective equipment. This meant people were at risk of scalding and cross contamination. At the end of the inspection the care manger told us they had ordered new 'touch free' bins.

The premises themselves were in a good state or repair and decoration, however we noted several repairs which had not been identified or recorded for attention. This included a cracked bath panel with sharp edges protruding out and a leaking toilet. We informed the care manager who added these repairs into the maintenance book. They also confirmed a maintenance person would address these repairs. Routine checks on windows, doors and keypads not been completed since July 2016. The care manager told us structured times had been planned in with a maintenance person to complete these checks.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the safety of the premises and the equipment.

A gas safety test had been completed in January 2016, however in July 2016; warning notices from the gas engineer had been issued to the provider with regards to repairs which were needed to two boilers of the homes three boilers. These repairs had not been carried out to date. After the inspection the provider sent us a copy of a letter from a contractor which confirmed the necessary parts were on order. The provider told us, "It has been a very difficult and protracted situation however throughout the whole time the home has had a working boiler, the other two boilers were not used and there was no risk to the health and safety of the residents, employees or visitors of the home." They confirmed the work was due to be completed week commencing 28 November 2016.

Other safety checks such as the electrical wiring, portable electrical appliance testing, emergency lighting, lifting equipment and the nurse call system had all been tested recently and serviced as necessary.

We found that medicines were not being managed consistently throughout the home. The medicines on the upper floor were not being safely and properly managed in line with company policies and procedures or in

line with current legislation and guidance. For example, on examination of the current medicine administration records (MAR), we found three people's medicines were not signed for that morning. The senior care worker checked the corresponding medicines and confirmed medicines had been administered but not recorded. Other recording issues were highlighted such as illegible dates across the top of the MAR and one medicine which was not given due to the person being asleep was not signed or coded as omitted. We also saw one weekly medicine which was not given that morning (as the person's relative brings it in) was not given until teatime. However the next day when we checked the MAR, the senior care worker had signed the MAR as if the medicine had been administered in the morning. We informed the care manager of this and they immediately asked the senior care worker to rectify the error. This meant due care and attention was not being taken when recording medicine administration.

Body maps were being used alongside the MAR to record the position and application of some medicinal patches. For example, medicines used for the treatment of Alzheimer's Disease and Parkinson's Disease. However, body maps were not being used in the same way to record patches for pain relief. When asked, the senior care worker was not aware of the reason why the same process was not followed.

Fridge temperatures were not recorded on the day of inspection or the previous day. The room temperature had not been checked for several weeks. The senior care worker was not aware of the importance of monitoring the temperature of a room which stored medicines and nutritional supplements. Medicines and nutritional supplements must be stored in line with the manufacturer's recommendations to ensure they remain effective.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the proper and safe management of medicines.

We found that medicine management downstairs was appropriate, including ordering, receipt, administration, recording, storage and disposal of medicines. The inconsistencies were fed back to the care manager who confirmed work would take place to tighten medication management systems.

People told us they felt safe living at Croft Dene. They made comments such as, "I feel safe, the staff take care of me", "I feel safe, I am very happy with the care", "It's very safe – it says something when my husband can leave me knowing I'm safe" and "It's secure – that's a good thing." Relatives and visitors we spoke with confirmed that they felt people were safe and secure at the home.

Previous concerns raised about the service to CQC had been thoroughly investigated by the management team and had been followed up with several unannounced visits made by the local authority contracts monitoring team. The concerns identified had been addressed and some concerns were unfounded. Feedback had been shared with CQC after each concern was raised.

There was a safeguarding policy in place and the staff followed the local authority safeguarding procedures with regards to recognising and reporting abuse. Staff undertook a safeguarding of vulnerable adults training course and through discussions with us, they were able to demonstrate an understanding of their responsibilities. We reviewed 18 safeguarding incidents and near misses which had been recorded in the last 12 months. We saw thorough investigations were carried out, conclusions were logged and lessons learned had been shared with the staff.

21 other types of accidents, incidents and near misses were recorded in the same timeframe. Actions to address these events included, focussed observations of people, referrals to social workers for a review of care needs, monitoring behaviours using a specific chart, emergency first aid given and some people were

transferred to hospital. Accidents which involved falls were also separately monitored and the care manager completed a monthly analysis to monitor these for patterns or trends.

Individual risk assessments were in place to reduce the likelihood of people coming to harm from the risks they faced in their everyday lives. For example, care records contained risk assessments which related to people's mobility, nutrition and behaviour. Where incidents had occurred which contained an element of risk, further action had been taken to monitor this and control measures or strategies for staff to implement had been recorded. For example, where behaviours which challenged the staff escalated in a short space of time, the care manager had referred the person to the challenging behaviour team for specialist input and asked a GP to check the person for signs of infection. This meant the service took steps to mitigate risk and made adjustments to care plans to ensure peoples individual care needs were met.

A business continuity plan was in place to ensure people continued to be appropriately cared for in urgent situations such as the premises being out of use. Personal evacuation plans were also in place to ensure people could leave the building safely in the event of an emergency.

Staff were safely recruited and robust administration procedures were in place to ensure staff were properly checked and vetted prior to employment. The staff we spoke with confirmed that they had been required to supply two references and had undertaken an enhanced check with the Disclosure and Barring Service (DBS). The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role and assist them make safer recruitment decisions. We saw evidence of these completed checks in staff personnel files.

During the inspection we did not see any issues with staffing levels. The care manager used a dependency tool to measure the care needs of people and make a judgement about how many staff were required on each shift. The dependency tool took into consideration aspects such as, how many people required the support of two care workers, how many times per day people had scheduled care tasks and how much one to one supervision was required throughout the shifts. We reviewed the staff rotas and saw that shifts were consistently scheduled with the correct amount of care staff according to the results of the dependency tool. The care manager had made adjustments to the rotas if people needs changed and more staff were required, they had also made changes when staff were absent at short notice. Most people told us they felt there was enough staff employed at the service. They said, "The staff come as soon as they can", "The girls [staff] come straight away", "They [staff] come pretty quickly – I'm never left" and "Staff always come straight away." The care workers we spoke with told us they did not feel unhurried in their duties and they were confident that they met people's needs.

Staff who were employed in non-care related roles told us they felt there wasn't enough staff. One member of staff told us they were frequently taken off their own duties to cover care work. Another member of staff told us they didn't have time to complete all of their duties and sometimes there was no cover for their role at weekends. Other comments from people and relatives included, "Some days it's overflowing [with staff] and other days there is a shortage", "Sometimes it's a bit short staffed but not all the time" and "I would like to see more staff". One relative told us, "There is not enough staff, especially at the weekend." Another said, "The staff are helpful but they are run off their feet." The registered manager told us the service would continue to monitor staffing levels using the dependency tool.

Requires Improvement

Is the service effective?

Our findings

The design of the premises was not effective enough to meet the needs of all of the people who used the service. Although decoration had taken place in areas around the home, the top floor was in need of adaptation and decoration. Most people living on the top floor had complex needs due to dementia related illnesses. We found the environment was bland and unstimulating. There was very little evidence of specific design in order to deliver best practice dementia care. We spoke to the registered manager about this after the inspection, she told us, "Plans are underway to improve the look of the 'dementia unit', quotes are being sought and discussions are to be had with the directors regarding works to follow."

We recommend the provider follows best practice guidelines in relation to creating a dementia friendly environment for people which is interesting, meaningful and can stimulate memories and conversation.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Care records showed, and the care manager confirmed there were 13 people living at the home who were subjected to a DoLS. We reviewed the records regarding the application to the local authority and outcomes of these decisions. The provider had also notified the Care Quality Commission of these as they are legally required to do so. However, there was a lack of evidence to show that the principles around best interest decision-making were always being followed. For example, in the care plans we reviewed, risk assessments were documented as, "Carried out in (person's) best interest". The person was often recorded as the only person involved in the decision despite being assessed as 'lacking mental capacity'. We saw very little evidence of a multidisciplinary team making decisions in people's best interests. People who lack mental capacity may still have the ability to consent to some aspects of their care and treatment. People should be included in the best interest decision making process along with their supporters such as relatives, social worker's, GP's and other healthcare professionals.

We recommend the provider undertake a review of records relating to best interest decision-making to ensure all of the principles of MCA are followed correctly.

We observed support being delivered over lunchtime on both days of the inspection on both floors. We found the mealtime experience was not as positive as it could have been, although staff were engaging with people during lunchtime, the purpose of this was more task oriented as opposed to sociable. We observed people sitting at tables by themselves and although there was background music on, it was almost inaudible and did not add value to the atmosphere. Tables were set with tablecloths, cutlery and

condiments, but effort had not been made to ensure this was attractive and homely. People had been given a choice from a set menu and the provision of food and drinks was good. Meals looked appetising and well balanced. Most people made positive comments about the food such as, "It is lovely and hot and tasty", "The meals are nice and you get plenty" and "Food is smashing." One person told us, "The food is variable – it depends on the cook" and a relative told us despite repeated requests for ice cream each day, their relation is given unwanted desserts which were wasted.

We carried out an observation in the kitchen area and spoke with kitchen staff. Best practice guidelines were being followed in the kitchen. We saw separate preparation and storage areas for raw, cooked and dry foods. The refrigerators and freezers were clean and well stocked. The kitchen staff monitored the temperatures of equipment and also checked the temperature of food before it was served. The cook told us they were given a 'food requirements sheet' which informed them of special dietary needs. They said this was updated each week and with each new admission. They also told us they found out about people's preferences by speaking to people as there was no consistent recording and no systematic way of getting feedback from people about the menu choices they had enjoyed.

Staff had received an induction upon commencement of employment and were trained in key topics specific to their job role. More recently employed staff had undertaken the 'Care Certificate.' The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. We reviewed the training matrix for the service and saw that it was up to date with refresher training planned to take place in. Internal and external training providers, the local authority and external professionals such as NHS staff had all provided training to the staff at the service. Online training had been sourced for staff to keep themselves refreshed and abreast of changes. We saw evidence of competency checks being completed periodically.

Supervision and appraisals had been carried out to support staff in their role and ensure continued competence. We saw scheduled supervision meetings took place regularly and gave staff the opportunity to have a face to face discussion with the care manager or registered manager. Records showed topics discussed covered general issues, morale, barriers to achieving operational activity, training and development, quality monitoring and continuous improvement. Confirmation was sought of understanding around company policies and procedures and the acceptance of a staff handbook. Other supervision sessions took place if a staff member fell below the expected standards of performance and were used to record targeted conversations to address issues. Appraisals took place annually and summarised performance and achievements towards objectives.

Despite care staff meetings not being held as often as planned, most of the care workers we spoke with told us they felt they could approach the care manager and registered manager at any time to discuss issues. They told us communication throughout the home was 'fine'. We observed a handover meeting which took place between each shift change and saw nursing or senior care staff passed on relevant information about each person, this included, individual care needs, presentation, appointments and visitors. Daily notes were completed by care staff and we found these to be quite detailed. This meant there was effective communication between all of the staff who cared for people.

People had good access to external health and social care professionals to maintain their general well-being. For example, care records showed that people regularly saw their GP, a district nurse, a social worker and a chiropodist. Records were made of all communication between the staff and external professionals and services.

Requires Improvement

Is the service caring?

Our findings

During our observations around the home we witnessed some negative communication between staff and people who used the service on the upper floor. We felt it necessary to report two particularly undignified and disrespectful interactions to the care manager which we later also informed the registered manager of. These interactions happened between people who were diagnosed with dementia and staff who were not care workers. We saw one member of staff speak abruptly towards a person and interact with them in a way which did not promote basic dementia care. We saw another member of staff address a room full of people with undignified questioning. These interactions caused upset and distress to the people involved and one of the staff members ridiculed a person's response to questions being posed. We have not reported on the specific examples as the provider is investigating our findings in line with the company disciplinary policy.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to dignity and respect.

Training records showed staff had attended a training course in maintaining privacy, dignity and respect. Overall, the staff we spoke with displayed respect for people and told us how they maintained privacy and dignity. A nurse told us, "We always knock on the door and ask if it's OK to come in, we talk to people and explain who we are and what we are there to do and if it's OK to do it. We close people's doors for privacy too." All of the care workers we spoke with told us how they covered people over during assistance with intimate personal care tasks and were sensitive to ensuring people felt comfortable during support. We observed staff treated people as individuals and saw they respected people's preferences such as choosing where to eat their meals and considering people's differing needs when going about their duties, such as people's abilities to take medicines, mobilise and participate with activities.

Discussions with the care manager and staff revealed that some people who used the service had particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this. We saw positive action was taken to ensure people's needs were met in a way which reflected their individuality and identity.

We spoke with eight members of care staff about individual people's care needs and they were able to tell us about people's life histories, their preferences and their likes and dislikes. The care staff clearly knew the people they supported well. The service had received many compliments and there were 'Thank you' cards were on display around the home.

The service had a warm and welcoming atmosphere and the reception and downstairs communal living areas were nicely decorated. We saw care staff approached people with positive and caring attitudes and they carried out their roles with kindness and compassion. People told us, "The staff are lush", "They [staff] are very helpful", "The staff are so caring in here" and "They [staff] are very friendly and easy-going." Relatives we spoke with shared positive experiences of caring staff with us. A Relative said, "My mam is getting great care and it is reassuring to know she is happy."

There was information, advice and guidance displayed on noticeboards around the home about aspects of the service such as meetings, newsletters and activity programmes to inform people of current and relevant topics of interest. We saw posters on display with photographs of named staff who are 'champions' in dignity, tissue viability, continence and infection control issues. 'Champions' communicate best practice guidance to their team and lead projects and initiatives. Photos of the staff team were also on display. People had been given a 'service users guide' upon admission and these booklets contained information about the service; what to expect, what services are offered and the local amenities. Other relevant information which would benefit people was also on display such as safeguarding contacts and leaflets on dementia, diabetes and advocacy.

We asked the care manager whether any person using the service currently used advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. We were told that the service could access an independent advocate if people needed it. Some people had family who acted on their behalf formally with legal arrangements' in place such as relatives acting as a lasting power of attorney for finances and health matters. We saw this evidenced in care records.

Confidentiality was maintained during our inspection as staff spoke with us discreetly about sensitive issues. People's personal data and confidential records were stored securely in a designated office space.

We saw the provider had a process in place to ask people to consider their end of life wishes and in some care records these were documented. However, in other care records, we saw documentation regarding advanced care planning, emergency healthcare wishes and resuscitation preferences were not always completed, accurate and up to date.

Requires Improvement

Is the service responsive?

Our findings

Care records were in the process of being reviewed and updated by the care manager and other senior staff. Previous concerns raised by the Clinical Commissioning Group (CCG) and the Local Authority included issues around poor care planning which had alerted the registered manager to implement a complete review of care records. We looked at three people's care records in depth and reviewed others. Care plans which we were told had been completed were now typed but we saw evidence of copying information from one record to another as some elements of one record were inaccurate and contained information about another person of a different gender.

Another record which was reviewed in October 2016 contained a 'service user profile' which we saw was basic and lacking in detail. Other sections about personal information and family history were mostly blank. An 'involvement form' was not completed or signed by the person's relative who held Lasting Power of Attorney. The contract between the provider and the relative who was acting on the person's behalf was also not signed or dated. A transfer sheet which is used when people are transferred between services, such as an emergency hospital admission was not completed. This meant the care records were not person-centred or personalised enough to provide a responsive service if a member of staff was not familiar with a person such as newly employed staff or agency workers. However the staff we spoke with told us they got to know people's needs, wishes and preferences through talking to them and building up a relationship with people and their relatives, demonstrating that person-centred care was delivered by the permanent staff team.

People's individual care needs had been assessed and we saw care plans which related to each need had been drafted, such as nutrition, continence, mobility and medicines. Each care plan also had corresponding risk assessments attached to it which covered issues such as choking, weight loss, skin integrity and falls. The service was responsive to people's changing needs in practice and had referred people for external specialist input, however care records weren't always updated to reflect these changes.

Nobody we spoke with had a positive opinion about the activities provided in the home. One person said, "We need more activities, we need daily things to stimulate the mind." Another said, "Things like that (pointing to the activity taking place) aren't really my sort of thing." People, relatives and staff all told us that activities needed much improvement and that the activities advertised on the boards round the home frequently did not take place. One relative said, "What's written on that board doesn't happen." Other relatives told us, "(Person) just sits and sleeps all day and doesn't engage with other people", "I just want my mam to be involved because she is in her room all day, even if they took her downstairs to the fresh air" and "We'd like them to take Mam downstairs when there is something on, they say she refuses but we don't think they ask."

We found the activities provision within the home was not person-centred; neither did it meet most people's individual's needs. Despite activity care plans being in place, they did not contain individualised information about people's interests or contain daily notes about what activities a person had been engaged with. There was a dedicated activities coordinator employed at the service who told us they did not

complete daily notes, review or evaluate activity care plans. They had completed an activities questionnaire but the results had not been translated into the day-to-day activities.

During our observations around the home we did not see interesting and meaningful activities taking place. We saw the activities coordinator carried out a book folding activity with a small group of people on the upper floor. This activity did not meet the needs of some of the people who were present as they became distressed when pages of books were torn and folded.

During discussions with the activities coordinator they was reference to a variety of activities such as cooking, pamper sessions and entertainers, however we were told by people, relatives and staff that these happened less frequently than the activities programme suggested. We were also told people are not taken out unless with their families as there was a lack of resources to escort them and we saw little evidence of personalised one to one time taking place with people. One person told us care staff had accompanied them to a music concert which they had enjoyed. Other people told us they entertained themselves, with TV, DVD's, music, books and jigsaws which were available in communal areas of the home.

There were no planned activities scheduled to take place outside of the activity coordinator's 30 working hours. We asked if there were any activities prepared for care staff to carry out at evenings or weekends and we were told that there wasn't. We saw the activities coordinator completing other tasks such as writing up the daily menu boards in each dining area and they told us they assisted people to choose their meals for the next day. We observed these tasks took up a lot of time which could have spent planning and conducting stimulating activities with people.

We recommend a thorough review of the activities provision is undertaken and guidance is sought from reputable sources in order to provide meaningful activities which encourage socialisation and inclusion. These should be of interest to individuals and groups of people.

After the inspection, the registered manager provided feedback about the activities provision. She told us the care manager had completed a supervision session with the activities coordinator and planned to support them to establish plans and outcomes for individuals. The care manager will also ensure the involvement from other staff especially on the upper floor and monitor all of the staff's performance with this.

The people we spoke with were quite complimentary about most aspects of the service. Comments included, "I can't really fault it, because it's perfect", "There's not a lot to complain about anyway – they're marvellous" and "If there is a complaint, (care manager) is straight on it." People told us they would feel comfortable to raise complaints if they needed too. They said, "I would go and see someone. They'd pick it up and would follow on." Another person said, "I'd have no hesitation – there's a few different members of staff I'd go to." One relative gave us a positive example of where their relation had been able to change rooms as a response to their particular request.

There was a complaints policy and procedure in place and we reviewed seven complaints raised. We saw comprehensive information about the complaint, detailed actions, outcomes and copies of responses to complainants which demonstrated an open and transparent approach to responding to complaints. All of the complaints we reviewed were conducted in line with company policy and provided a timely investigation and response.

No one we spoke with could recall being sent a satisfaction survey, although we reviewed two responses to a survey carried out in August 2016. A suggestion box placed in the reception area contained requests for

repairs and comments on staff morale. We did not see any evidence of these being formally addressed. An employee survey had been recently carried out but the results had not yet been collated. The responses were mostly positive with some concerns raised about food, activities and staff morale.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had been registered with the CQC since April 2014 when the current provider, Croft House (Care) Limited took over the running of the home. This means she had accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run, although she was not based at Croft Dene. There was a care manager employed at the home who managed the service on a day to day basis and was in the process of applying to CQC for registration.

We spoke with the majority of staff on duty during the inspection to gather their views as we were made aware of some dissatisfaction amongst the staff from concerns which had been made to CQC in recent months. It was apparent during the inspection that a small group of staff were unhappy with the management team and this was reflected in both what we observed and what we were told.

We heard mixed comments about the leadership of the service from the staff. Their comments included, "The manager is not approachable, they are always too busy" and "We don't see them much, they don't always know who's on shift on each floor." Positive comments included, "The manager is visible, I see them daily, they are very supportive and approachable" and "They are always out of the office, doing walk-arounds and checking things."

Overall, people and relatives felt the service was well-led. They told us, "Yes, I think it is well-led and that is reflected in the staff", "It's a good home", "It's well managed, staff have the right skills to do their jobs", "The manager is fair, I have no complaints" and "(Care manager) always pops in to see me, they are always happy and bubbly." Although one relative said, "I don't think the staff are looked after properly and they are leaving because of it."

The care manager told us there had been a lot of changes made throughout the service which not all staff were happy about. There had also been some performance issues addressed and as a consequence some staff were unsettled. The registered manager told us she was aware of issues with a core group of staff which they were trying hard to overcome. During the inspection and afterwards during feedback, the management team displayed openness and transparency towards the evidence we presented to them and in their responses to our findings.

A representative from the provider organisation had visited the home and carried out a quality assurance audit on 20 October 2016. This audit had not identified all of the concerns we highlighted during the inspection. An action plan was in place to address some areas of improvement.

The registered manager had recently spent more of her time based at the service and had deployed staff from another of the provider's registered locations to support the staff team in the absence of the care manager. Again, despite this additional management and administrative support, issues and concerns we identified during the inspection had not been previously recognised or properly addressed.

The care manager carried out a daily walk-around of the home and completed weekly and monthly checks on the safety and quality of the service. Although systems and processes were in established, they had not been conducted effectively in order to address the concerns we raised about the safety of the service. This meant that the management team had not fully identified all of the potential risks to the health and safety of people who used the service or took timely action to mitigate or remove such risks.

Although work was in progress to improve the care plans and other care related records, we found that records which the care manager told us had been reviewed and updated were still inaccurate and uncompleted. After feedback, the registered manager told us that one particular record we reviewed had been revised. The updated version had been found in the office diary unfiled.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance.

After the inspection, we discussed our findings with the care manager and later with the registered manager and the provider. They all promptly confirmed immediate action had been taken to address the safety issues and an action plan had been drafted to respond to the shortfalls in service provision and drive through improvements.

A business development plan was already in place at the service from actions highlighted through the provider's quality assurance programme. The registered manager and provider told us they would continue to support the care manager at Croft Dene for as long as required to ensure compliance with the regulations.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with dignity and respect by some staff at all times. All communication with people was not respectful. Regulation 10(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. The provider had not assessed all risks to the health, safety and well-being of people or taken action to mitigate these risks. Environmental risks had not been identified and mitigated against. Medicines were not managed consistently throughout the home. Regulation 12(1)(2)(a)(b)(d)(g)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Although systems and processes were established, they were not operated effectively enough to ensure compliance with the regulations. The provider failed to identify concerns,

monitor/mitigate risks and improve the safety and quality of the service.

Records relating to the care and treatment of people were not always completed, accurate and up to date.

A robust audit of the service was not carried out to ensure governance systems remained effective.

Regulation 17(1)(2)(a)(b)(c)(f)