

Achieve Together Limited

Croft House

Inspection report

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Date of inspection visit:
24 March 2022

Date of publication:
10 May 2022

Ratings

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|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Requires Improvement ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Croft House is a residential care home that provides personal care and support for up to six people with a learning disability, autism or who have complex needs associated with their mental health.

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

The registered manager and staff worked in partnership with people, their relatives and health professionals to ensure people received safe care.

Systems were in place to ensure people were supported by staff who had the skills and experience to meet their needs. However, we found some of this information was not readily available. We also noted that some induction information relating to agency staff could not be fully relied upon. Therefore, we have recommended that the registered manager reviews the systems in place to ensure information is available and that inductions are specific to the service and the people they support.

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. However, we found some records relating to the recording of MCA and best interests' decisions, in places lacked detail. Therefore, we have recommended that the provider reviews all documentation relating to MCA and the recording of best interests' decisions.

Risks to people's health, safety and well-being were assessed and management plans were in place to keep people and staff safe.

Medicines were being managed safely.

People were protected from the risk of abuse because staff had been trained on how to recognise and report abuse and they knew how to apply it.

People were supported by staff who had been recruited safely and there were enough staff to make sure people had the care and support they needed.

There was a clear management structure and staff felt supported and listened to.

The quality of service people received was monitored on a regular basis and where improvements were required these were acted on.

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

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence.

People were able to do and choose how they spent their time and supported by staff to take part in activities and pursue their interests in their local area/community. People were supported and encouraged to be as independent as possible and staff had a good awareness of people's needs and preferences but understood this was their choice.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff knew people well and understood how to communicate effectively with people. Staff spoke to people in a dignified and respectful way and it was clear from our observations that people and staff had developed good relationships.

Right culture: The ethos, values and attitudes of managers and staff helped to ensure people using services were enabled to lead confident, inclusive and empowered lives. The registered manager and staff spoke passionately about promoting people's wellbeing, safety, and security. Staff understood their role in making sure that people were always put first, and their care and support was tailored to their individual needs and preferences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 03 July 2020 and this is the first rating inspection.

Why we inspected

This was a planned inspection for a newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Croft House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Croft House is a 'care home'. People in care homes receive accommodation and nursing and/or 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also looked at statutory notifications we had received. These are events or important information that the service must tell us about, by law.

During the inspection

Whilst some people living at the service were not able to share their views with us, we observed the care and support being provided. We spoke with the registered and regional managers, two staff members and the estates manager. We reviewed care records and Medication Administration Records (MAR). We also reviewed a number of records relating to the running of the service. These included staff recruitment, training and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative and a representative from Torbay Council.

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 rated inspection of this newly registered service. This key question has been rated good. 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 the risk of abuse and avoidable harm. A relative said, "I do not have any concerns about [person's name safety]."
- Staff had received training in safeguarding adults. They were aware of their responsibilities and knew what action to take should they suspect a person's safety or welfare were at risk. One staff member said, "If I suspected anyone living here was at risk of harm or abuse, I would contact my manager or the local authority." Another said, "I would report any concerns immediately."

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. We found risks such as those associated with people's complex needs had been assessed and were being managed safely.
- Risk management plans described what needed to happen to keep the person safe and staff were aware of people's individual risks as well as any action they should take to mitigate those risks.
- The premises and equipment were maintained, and safety checks were undertaken in relation to the environment and the maintenance and safety of equipment.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. Individual evacuation plans for emergency situations detailed the level of support required to keep people safe.

Staffing and recruitment

- People were protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were deployed in sufficient numbers to meet people's assessed needs.

Using medicines safely

- People receive their medicines safely.
- Medicines were managed safely and stored securely at the correct temperatures.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.

- Staff told us they had received training in the safe administration of medicines.

Preventing and controlling infection

- We were not fully assured that all staff were using PPE effectively and safely. For example, whilst we did not identify any concerns with care staff. We observed maintenance staff not wearing their face masks correctly. The registered manager took immediate action to address this with the staff directly and raise the matter with the providers estates manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

- The provider was facilitating visits for people living in the service in accordance with the current guidance. Staff told us and a relative confirm that they were able to visit their relation regularly both within and outside the service.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

We checked and found the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence.

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 rated inspection for this newly registered service. This key question has been rated requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Mental capacity assessments and best interest decisions for one person did not contain sufficient detail to fully demonstrate compliance with the Mental Capacity Act 2005. For example, there was a lack of detail regarding the views of people consulted; there was no evidence to show how the person was supported to understand information relating to the decision to be made in an accessible format or recordings of the person's views/preferences and wishes.

Whilst we did not find this person had been disadvantaged. We recommend the registered manager reviews all documentation relating to MCA and the recording of best interests decisions to ensure compliance with the Mental Capacity Act 2005.

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, where restrictions had been placed on one person's liberty to keep them safe. The registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs. However, we found due to recruitment pressures the service had used agency staff to cover some shifts. Whilst there was a clear system in place to obtain details of agency staffs' qualifications, experience etc. At the time of the inspection

this information was not available for all staff who had worked at the service.

- Agency staff induction documentation could not be fully relied upon as staff had signed to say they had read information that was not available or applicable.
- Following the inspection, the regional manager assured the Commission that they did have access to information relating to all agency staffs' qualifications.

We recommend the registered manager reviews the systems in place to ensure that all staff have the necessary skills to meet people's needs safely and that inductions are specific to the service and the people they support.

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

- People were supported and encouraged to be as independent as possible with planning their own meals and were able to make decisions about what they ate and drank and when.
- People were supported to maintain a balanced healthy diet and staff had a good awareness of people's dietary needs and preferences but understood this was their choice.

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

- People were encouraged to engage with a range of healthcare services and staff supported people to attend appointments. Support plans described the advice provided by healthcare professionals such as speech and language therapists and dieticians to ensure people's healthcare needs were well understood by staff.
- Records showed referrals were made to GPs and community services when needed and people had opportunities to see a dentist.

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

- Croft House is a detached property set over four floors and situated in a quiet residential area of Paignton, close to the town centre and sea front. We found the design and layout of Croft House was suitable and appropriate to meet the needs of the people living there. For example, one person was supported within their own flat which had been designed around their specific needs. The accommodation comprised of a bedroom, bathroom, living room and access to their own garden and we saw work had been started on a new kitchen.

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 rated inspection for this newly registered service. This question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were mostly supported by staff who had a good understanding of their individual needs.
- Support plans contained information about people's past, cultural and religious beliefs as well as their future goals. Staff used this information to support people to make decisions about their care.
- Staff received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were understood and respected.
- Relatives and healthcare professionals spoke positively about the care and support people received. One relative said, "[person name] has always received good support from the staff."

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

- The registered manager described how people were involved in the planning of their care. Staff frequently asked and checked if people were happy with their care and if there was anything they wanted to discuss or change.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected and people were supported to maintain and develop relationships with those close to them. Relatives told us there were no restrictions placed on visiting and whenever they visited, they were always made welcome.
- Support plans contained clear information about what each person could do for themselves and staff described how they encouraged people to increase their independence.
- People's personal records were kept secure and confidential and staff understood the need to respect people's privacy including information held about them.

Is the service responsive?

Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Support plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. This enabled staff to support people in the way they wished to be supported.
- Support plans and risk assessments were reviewed regularly and updated when people's needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans identified people's communication needs and how they could be supported to understand any information provided.
- The provider had developed information in an easy read format which helped to ensure people had access to the information they needed in a format they could understand.
- Staff had a good understanding about how people communicated and mostly used this knowledge to support people to make choices and have control over their care and lifestyles. We identified more work was needed in relation to MCA and best interests decisions which we have reported on within the effective section of this report.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to lead active lifestyles, follow their interests, and take part in social activities. Each person's support plan included a list of their known hobbies/interests and staff supported people to take part in things they liked to do.
- People were supported and encouraged to maintain relationships with friends and family.

Improving care quality in response to complaints or concerns

- People and their relatives were provided with information about how to raise a concern or make a complaint and staff regularly checked if people were happy with their care, through meeting and chatting with people informally and by seeking feedback from other people who knew them well.
- Records showed that the service had received some concerns which had been investigated and acted

upon.

End of life care and support

- No one was receiving end of life care or support during the inspection. Support plans contained a health passport and end of life care plan which contained detailed information about the person's care and support needs. This helped to ensure people's wishes and needs would be known and respected in an emergency.

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 rated inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff demonstrated a shared passion for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their day to day care.
- Staff spoke positively about the leadership of the service and told us they felt listened to, appreciated and supported in their role. One staff member said, [registered managers name] is really hands on and cares about the people we support." Another said, "I really enjoy working here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Governance systems were in place to assess, monitor and drive improvement through regular audits and spot checks. This framework helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.
- The provider and registered manager were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- Relatives and staff told us they were encouraged to share their views and could speak to the registered manager if they needed to.
- There were a variety of ways in which people could give feedback. These included annual surveys, meetings, care reviews and through the complaints process.

Continuous learning and improving care; Working in partnership with others

- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of services.
- Concerns and complaints were listened to and acted upon to help improve the services provided.
- Regular staff and managers meetings helped to ensure learning was shared between teams.
- The registered manager and staff had good working relationships with partner agencies with good outcomes for people. This included working with commissioners, safeguarding teams and other health and

social care professionals.