

Farrington Care Homes Limited

The Croft Care Home

Inspection report

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10 February 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 7, 8 and 10 February 2017. The first day of the inspection was unannounced.

The Croft Care Home is a two storey detached property, close to the centre of Whalley. All the bedrooms are single occupancy; some have en-suite facilities. There are two lounges, the main lounge is on the ground floor and has an adjoining 'quiet area'. The second lounge/sensory room, is smaller and is located on the first floor. There is also a large separate dining room. A small passenger lift provides access to the first floor and a stair lift is available. There are garden areas and lawns, garden furniture is provided. A small number of car parking spaces are available in the grounds. The service provides accommodation and personal care for up to 26 older people and older people living with a dementia. At the time of the inspection there were 26 people accommodated at the service.

The service was managed by a registered manager. 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.

At the previous inspection on 29 and 30 September 2015, we asked the provider to make improvements in relation to monitoring and improving the quality of the service provided. We received an action plan from the provider indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made on this matter. However further progress was needed with provider oversight and checking systems. We have therefore made a recommendation on this matter.

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breach related to a lack of robust recruitment procedures prior to staff working at the service. You can see what action we told the provider to take at the back of the full version of this report.

We have also made recommendations for improved practice in relation to the assessment and management of individual risks to people and care planning.

We found there were management and leadership arrangements in place to support the day to day running of The Croft Care Home.

People were happy with the accommodation at the service. We found some facilities had been upgraded and bedrooms redecorated in response people's preferences.

There were some good processes in place to manage and store people's medicines safely. We found some improvements were needed; these were put right during the inspection.

There were enough staff available to provide care and support and staffing arrangements were kept under review. There were systems in place to ensure all staff received regular training and supervision.

People told us they felt safe at the service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns about people's wellbeing and safety.

The service was working within the principles of the MCA (Mental Capacity Act 2005). During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

People were supported with their healthcare needs and received appropriate medical attention. Changes in people's health and well-being were monitored and responded to.

There were opportunities for people to engage in a range of suitable group and individual activities. People were keeping in contact with families and friends. We found visiting arrangements were flexible.

People were happy with the variety and quality of the meals provided at the service. Support was provided with specific diets. We found various choices were available. Drinks were readily accessible and regularly offered.

People spoken with had an awareness of the service's complaints procedure and processes. They said they would be confident in raising concerns. We found records were kept of the complaints and the action taken to rectify matters.

Arrangements were in place to encourage people to express their views and be consulted about The Croft Care Home, they had opportunities to give feedback about the service.

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

Staff recruitment did not include the relevant character checks for the protection of people who used the service. There were enough staff available to provide safe care and support. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

We found some risks to people's health and well-being were not always identified, assessed and managed. We found there were some safe processes in place to support people with their medicines. However, some needed to be improved.

We found there were some safe processes in place to support people with their medicines. However, some matters needed to be improved; these were put right during the inspection. Processes were in place to maintain a safe environment for people who used the service.

Is the service effective?

Good 

The service was effective.

People were satisfied with the accommodation and facilities available. Improvements had been made and people had been consulted on the decoration of their rooms.

People told us they enjoyed the meals and their preferred meal choices and dietary needs were known and catered for. People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

People made positive comments about the caring attitude and friendliness of staff. During our visit we observed respectful, friendly and caring interactions between people using the service and staff.

We found The Croft Care Home had a friendly and welcoming atmosphere. People were supported to maintain contact with families and friends.

People's dignity and personal privacy was respected. People were supported to be as independent as possible.

Is the service responsive?

The service was not always responsive.

Each person had a care plan which included some information about the care and support they needed. Care plans needed improvement, action was ongoing to promote a more personalised and responsive approach to care planning and care delivery.

People were supported to take part in a range of suitable individual and group activities.

There were procedures in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People made positive comments about the management and leadership arrangements at the service.

There were processes in place to regularly monitor the quality of people's experience at the service. However we found the some of the checking systems could be better and some policies and procedures needed updating.

We found there was a lack of proper oversight and review of the service from the provider.

Requires Improvement ●

The Croft 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 checked 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 7, 8 and 10 February 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We reviewed information from the local authority contract monitoring and safeguarding team. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with six people who used the service and six relatives/visitors. We talked with two care assistants, a senior carer, a cleaner, cook, deputy manager, gardener and the registered manager. We also spoke with a visiting community nurse.

We spent time with people, observing the care and support being delivered. We looked round the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, complaints records, meeting record's, policies and procedures and quality assurance records.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe at the service. Their comments included, "It feels safe and secure here," "I feel at home and safe I am quite happy here," "I feel safe here it's a close knit community" and "Staff here don't shout or anything they are always kind."

We checked if the staff recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form and attending a face to face interview. Some of the required checks had been completed before staff worked at the services and these were recorded.

However we found there was a lack of information to show all the required checks had been completed. Gaps in employment had not always been checked and verified. There was a lack of information to show the reasons for leaving previous employment in a care setting. There was a lack of records to show the applicants physical or mental health conditions had been requested and reviewed. We noted satisfactory documentation had not always been obtained to confirm applicants had previously achieved qualifications in care. The recruitment process included candidates attending an interview; but we found no records had been kept of this part of the assessment and recruitment process.

The checks included an identification check and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted one DBS certificate related to work in a previous care organisation, another check had not been applied for, which meant action had not been taken to verify the information was up to date.

There was a recruitment procedure to support the process; however this had not been reviewed and updated to reflect current regulations and guidance. The application form requested the applicant's date of birth; we therefore questioned whether this met the requirements of employment law legislation around age discrimination.

The provider had not ensured robust recruitment procedures were carried prior to staff working at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations. Records were kept of any accidents and incidents that had taken place at the service, including falls. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends.

There were processes in place to identify risks to individuals within the care planning systems. However we

found there were inconsistencies in the way risks to individuals were assessed and managed. We found nutritional risk assessments had not been completed for each person; this matter was rectified during the inspection. At the inspection the service was reviewing and updating their response to individual care planning. Some people's risk assessments had been reviewed and updated using a revised system, these had not yet been fully implemented for use at the service. There were however existing risk assessments which provided guidance for staff on managing risks. We noted some risk assessments included very detailed information others were brief. Records indicated the risk assessments were being reviewed monthly, but there was a lack of clarity to show how the risks had been considered and outcomes decided upon. It was apparent the registered manager and deputy manager had identified this as a matter requiring attention and we saw there were plans in place to make improvements.

- We recommend that the service seek advice on nationally recognised evidence-based guidance on assessing risks, including: risks of pressure ulcers, malnutrition and falls and take action to review and update their practice accordingly.

We reviewed how the service managed staffing levels and the deployment of staff. Most people spoken with indicated there was enough staff at The Croft Care Home. A visitor told us, "When I call there are always enough staff around." However, one person who used the service said, "I think they are short staffed, maybe one or two more would be better." Staff spoken with considered there was generally enough staff on duty at the service. One told us, "We have time to sit with people."

We looked at the staff rotas, which showed arrangements were in place to maintain consistent staffing levels. During the inspection we found there were sufficient staff on duty to meet people's needs. Both the registered manager and deputy manager, considered the staffing arrangements were sufficient. There was a structured staffing tool, to monitor and review staff deployment in response to the numbers, needs and abilities of people using the service. We noted staffing arrangements had been reviewed on 6 February 2017. The registered manager confirmed staffing reviews were carried out in response to people's changing needs and as part of the assessment process of any new people admitted to the service.

We looked at the way the service supported people with their medicines. People spoken with indicated they received their medicines appropriately and on time. One person said, "I have medicines they bring them to me when needed." During the inspection we observed people being sensitively and safely supported with their medicines.

We were told no-one was self-administering their medicines. The service had a process in place to risk assess and plan for people choosing to self-administer their own medicines. We found people's involvement and preferences were not routinely reviewed, however the service was working towards ensuring the care planning process included this.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The processes included staff having sight of repeat prescriptions prior to them being sent to the pharmacists.

We looked at the arrangements for the safe storage of medicines. The service operated a monitored dosage system (MDS) of medicines. This was a storage device designed to simplify the administration of medicines by placing the items in separate compartments, according to the time of day. We found medicines were being stored safely and securely. Room and fridge temperatures were monitored in order to maintain the appropriate storage conditions. Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and

found they corresponded accurately with the register.

The medicines administration records (MAR) included photographs of the person and the prescribed items to assist with identification. The MAR provided clear information on the name and strength of the medicines and dosage instructions. The records we looked at were clear, up to dated and appropriately kept. We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered. We made some minor suggestions around additional instructions on protocols to provide further clarity; these were added during the inspection visit. Processes were in place for care staff to sign in confirmation of the application of people's external medicines, such as topical creams. There were recording charts with 'body map' diagrams for care staff to refer to and complete.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available for each of the prescribed items. Details of specific known allergies were also noted on each person's MAR.

Since the last inspection a 'homely remedies' policy had been introduced, the aim of this was to offer people the benefit of 'over the counter medicines' in a timely way. The policy listed the items available. However we found there were no such items kept at the service and GP's had not been contacted to agree their compatibility with any prescribed items. By the last day of the inspection we found action had been taken to address this matter.

There were daily and weekly checks on aspects of medicine management practices and monthly audits were completed by senior staff. Action plans were devised to appropriately rectify any discrepancies. Records and discussion showed staff responsible for medicines management had received various levels of training. We looked at records which demonstrated most had been appropriately competency assessed in undertaking this task. However we found two people responsible for administering medicines, including the registered manager, had not been assessed as competent. By the end of the inspection we were shown evidence that action had been taken to rectify this matter.

We reviewed the processes in place to maintain a safe environment for people who used the service, visitors and staff. All the people we spoke with felt The Croft Care Home provided a safe and clean environment. One person told us, "It's kept very clean." Visitors commented, "My relatives' room is always clean" and "It smelt right when we came in the home." We viewed the premises and noted the kitchen was clean and tidy. The food safety officer had given the service a five star rating for food safety and hygiene. The registered manager told us action was being taken to improve safety and security by providing additional outside lighting.

There was an on-site maintenance person and a gardener who were responsible for up-grading the service and identifying and rectifying matters requiring attention. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, water quality, fire extinguishers, hoists and the passenger lift. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out. There were accident and fire safety procedures available. There were contingency arrangements to be followed in the event of emergencies and failures of utility services and equipment.

We looked at how the service protected people from abuse and the risk of abuse. People spoken with expressed confidence in speaking up if they had any concerns. One person said, "I have no fear of saying

anything." We discussed the safeguarding procedures with staff and registered manager. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. A visiting community nurse told us, "I visit twice per day I have not seen anything of concern." The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was also information on protecting adults at risk, produced by the local authority. However we noted the service's procedures for alerting concerns did not include the correct details of the local authority safeguarding hub. The registered manager agreed to rectify this matter. We discussed some of the previous safeguarding concerns with the registered manager, including the action taken to ensure incidents and allegations were appropriately alerted to the local authority.

Is the service effective?

Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at The Croft Care Home. Their comments included, "I like it here, I have made myself at home, so I feel at home" and "It's going very well for me here."

People were satisfied with the accommodation and facilities available. Visitors spoken with said, "We have been impressed with the homeliness of The Croft" and "It's a nice environment." We looked around the premises and found several improvements had been made and were ongoing. These included a refurbished 1950's style hairdressing 'salon', up-graded toilets and bathrooms and a 'sensory'/quiet room. Some communal areas and bedrooms had been redecorated and new furniture and light fittings provided in some bedrooms.

People and/or their families had been consulted on their choice of colour scheme for the redecoration of bedrooms. We found people had been encouraged and supported to personalise their rooms with their own belongings. One person said, "I am very happy with my room" another told us, "I have a few of my own belongings which makes it nice." Each person had their own room; some had en-suite toilets. Some of the en-suite facilities were screened by the use of curtains, we therefore discussed with the registered manager ways of improving these areas to promote people's privacy and comfort.

There were adaptations and equipment to provide assistance with mobility needs. Some consideration had been given to providing a suitable living environment for people living with a dementia including signs to help with orientation. The registered manager said plans were underway to make the outside areas more accessible and safe for people using the service.

We looked at how the service supported people with their nutritional needs. People made positive comments about the meals provided at the service. They told us, "The food is good, lunch was really nice today," "The food is okay" and "The food is very good, we get a choice." One visitor commented, "(my relative) gets asked about food choices. The food is fabulous to what it was; there are more home cooked meals."

We looked at the menus which had been discussed in residents meetings and devised to include people/s likes and preferences. There were two choices offered at each meal, people were asked for their preferences the day before. One person said, "If it's something I don't like, I ask for something else and I get it." The days' menu was on display in the dining room; this helped remind people of the choices on offer and gave them the opportunity to reconsider their selection. One person explained, "We can ask for something else." We observed the meals service at lunch time in the dining room. We noted the dining tables were set with table cloths, drinks and serviettes and condiments. People enjoyed the mealtime experience as a social occasion, in an unhurried way. We observed examples of people being sensitively supported and encouraged by staff with their meals. Various choices were offered and responded to. People's satisfaction with their meal was sought and further portions offered. The meals looked plentiful, well presented and appetising. Where appropriate, people had been provided with suitable equipment to help them eat independently.

Mealtimes were flexible and people could eat in their rooms if they preferred. Drinks were available and offered throughout the day. One person commented, "They keep us going with cups of tea." At lunch time water and juices were available, followed by the option of tea or coffee. We noted there were jugs of water, cordial and fresh fruit available in the lounge. People's general dietary intake was monitored and their weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's, speech and language therapists and dieticians were liaised with as necessary. Specific diets could be catered for, including fortified diets and pureed meals.

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 the 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisation by local authorities in accordance with the MCA code of practice. Records had been kept to monitor the progress of pending applications. Records and discussions showed that staff had received training on this topic and further training was being arranged. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS.

During the inspection, we observed staff consulting with people on their individual needs and preferences and involving them in routine decisions. One staff member told us "We always ask." Some people spoken with were not aware of their care plan, however they indicated they were asked about matters affecting them, including their care needs and choices. One visitor explained that they had been involved with the care planning process and had signed in agreement with it on behalf of their relative. We noted that reviewed and updated care plans included a 'consent to care' section and a mental capacity screening tool was to be introduced.

We looked at how people were supported with their healthcare needs. People told us, "Staff often ask if I'm okay," "If I don't feel well they will tell the doctor" and "I saw the district nurse today and one day they brought the doctor for me." Visitors said, "They have been good with arranging healthcare visits and consultations" and "No concerns about health care." People's general medical histories were noted. Their healthcare needs were monitored daily and considered as part of ongoing reviews. Records were kept of healthcare visits and appointments. This included GPs, community nurses and podiatrists. The service had good links with other health care professionals to help make sure people received prompt and effective care. A visiting community nurse made the following comments, "They contact us in good time. Paper work is kept up to date they have purchased equipment when needed. They have maintained good health care."

We looked at how the service trained and supported their staff. People using the service said, "The staff get training I have seen them in the dining room" and "Yes I think staff know what they are doing." Arrangements were in place for new staff to complete an initial 'in-house' induction training programme, this included: an

initial welcome and introduction, first aid awareness, health and safety, emergency procedures and confidentiality. Staff were allocated a mentor and 'shadowed' experienced staff on various shifts. The reregistered manager said the induction training included the completion of The Care Certificate, as appropriate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff spoken with told us about the training they had received and confirmed that there was an ongoing programme of learning and development. This included: moving and handling, first aid awareness, fire safety, food safety, infection control, dementia awareness and challenging behaviours. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. The service supported staff as appropriate, to attain recognised qualifications in health and social care. Carers had a Level 2 or level 3, NVQ (National Vocational Qualification) or were signed up for/working towards a Diploma in Health and Social Care.

Staff spoken with said they had received one to one supervision and ongoing support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records were kept of the supervision sessions held and we noted plans were in place to schedule supervision meetings. Staff received an annual appraisal of their work performance, which included a review of their training and development needs.

Is the service caring?

Our findings

The people we spoke with made positive comments about the staff team and the care and support they received at the service. Their comments included, "The staff are not bad," "I have nothing but praise for the staff" and "They try to be as helpful as possible here." Visitors spoken with said, "They are genuinely caring" and "The care here has been fantastic."

We found The Croft Care Home had a friendly and welcoming atmosphere. We observed staff engaging with people in a warm and friendly manner. People spoken with said, "Staff here are like family," "People here are very friendly" and "The staff are always pleasant." A visiting community nurse said, "Staff are really pleasant, very approachable and they are very honest about things."

People were treated with respect by staff. People commented, "They treat me well, they have been very good with me here" and "When they take me for a shower they treat me with respect." We observed examples of staff showing kindness and compassion when they supported people with their individual care and daily living needs. Visitors spoken with described their experiences of staff providing their relatives with sensitive and caring support. One told us, "We are very happy with the care and treatment given to our relative." There was a 'keyworker' system in place. This linked people using the service and their family to a named staff member to provide a more personalised service.

People's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. One person commented, "I can go to my room whenever I want." People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocking on people's bedroom doors and waiting for a reply before entering. The community nurse said, "I have observed privacy offered when people have visitors."

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person spoken with described how they were able and supported, to do things for themselves and others. Another said, "We can do whatever we want." Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to be self-caring and independent." We observed that people were encouraged to express their views and opinions during daily conversations. Residents meetings were held; this provided the opportunity for people to make suggestions, be consulted and make shared decisions. Records kept of meetings showed various matters had been raised and discussed with people

There were notice boards and displays at the service which provided information about forthcoming events, activities, meetings, the complaints procedure and other useful information.

Details of local advocacy services were available. Advocates are independent from the service and provide people with support to enable them to make informed decisions. There was brochure on The Croft Care Home. This provided people with brief information about the services and facilities available, including: the

staffing arrangements, the aims of the service and the complaints procedure. The aims of the service made reference to involving people with all aspects of daily living, maintaining people's rights to privacy, dignity, choice, independence and fulfilment.

Positive relationships were encouraged. People were enabled as appropriate to keep in touch with their families and friends, therefore there were no restrictions on visiting times. However, consideration was to be given to respecting people's dignity at mealtimes. We noted relatives and friends were made welcome at the service. We observed people visiting throughout the days of our inspection and noted they were treated in a friendly and respectful way.

We noted the service's CQC rating was on display in the entranceway and this had also been uploaded to the provider's internet website. A copy of the previous inspection report was also on display at the service. This was to inform people of the outcome of the last inspection.

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and preferences and they appreciated the support provided by staff. People said, "I think everybody here is looked after" and "I think it's good" and "I think it's quite a relaxing place." On visitor told us, "My relative has much improved." A visiting community nurse told us, "They soon solve any problems, we see a good result."

We reviewed how the service aimed to provide personalised care. We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager and deputy manager described the processes in place to assess people's needs and abilities before they used the service. The assessment involved gathering information from the person and others, such as their families, social workers and health care professionals. Where possible people were encouraged to visit, to see the facilities available and meet with other people and staff. This would help people to become familiar with the service before making a decision to move in. Some people had experienced the service by staying on a short term basis. One person told us, "I came for a short stay which helped me get used to things."

We found each person had an individual care plan. The registered manager explained that the care plan process was being further developed to support a more person centred approach. We were told several of the care plans had been reviewed and updated; these were in relation to people with more complex needs. However they had not been put into use. This meant staff were relying upon the information in existing care plan records, review systems and daily records to support the delivery of care to people. We discussed this matter with the registered manager who introduced the updated care plans during the inspection.

The active care plan records we looked at were lacking in detail and some information had not been included. We found there were inconsistencies in the quality and detail of the information recorded. We noted care plan instructions had not always been updated in response to people's changing needs. This meant the staff team did not have access to up to date instructions on the delivery of care to people. Staff spoken with expressed an awareness of people's individual needs and preferences. Through discussion, it was apparent the registered manager and deputy manager knew the people who used the service very well. They were able to describe in detail, the specific needs, behaviours and lifestyle preferences of one person. We saw that daily diary records were used to note information on care delivery. However this information had not been recorded in their care plan records, which meant instructions on responding to these needs was not always clear and accessible.

We could see progress was being made to revise and update all the care plans. There were development plans which provided an indication that action was being taken on this matter. The registered manager and deputy manager expressed a clear commitment to ensure all care plans were appropriately reviewed and updated. We reviewed briefly one of the updated care plans and found more appropriate information and detail had been included. We saw arrangements were in place to review care plans on a monthly basis. There were ongoing discussions about people's needs and well-being, this included regular staff 'handover' meetings.

Some people spoken with were aware of their care plans and had signed in agreement with them. One person said, "I have a care plan I have glanced through it briefly." A visitor spoken with told us they had been involved with reviewing and updating their relative's care plan. We noted the revised care plan format included scope for their involvement to be more effectively managed.

- We recommend that the service continues to develop and introduce a person-centred approach when planning, delivering and reviewing people's care.

People indicated they were mostly satisfied with the range of activities provided at The Croft Care Home. Their comments included, "We have some activities", "We do things in the afternoons" and "I think there is enough going on." We observed people engaging in individual activities, such as reading, listening to music and artwork. One person told us, "I like to go out every day and I have helped in the garden." There were also 'activity blankets' and 'activity aprons' which featured various tactile items for people to engage with and take interest in. Arrangements were in place to offer an activity each afternoon; this task was allocated to a member of staff each day. This included various games and quizzes. There was an activity diary, which provided an indication of the activities held. People could access the 'sensory room' which offered a quiet space for relaxation. There were also occasional visiting entertainers. A garden fete had been held in the summer and there had been a bonfire night event with firework display. We also observed staff spending time sitting and chatting with people. The visiting community nurse commented, "They are very good with the residents. They sit and talk with them, it's definitely improved."

We looked at how the service managed complaints. People we spoke with indicated they would feel confident if they had concerns, or wished to make a complaint. They told us, "If I had a complaint I would tell the staff or the manager," "I have no complaints, but I would tell people if I had, they want to help us as much as they can" and "If I had any problems I would go to the manager, but I have not needed to complain, it's really good." The visitors spoken with said they had not felt the need to make a complaint but were aware there was a procedure and would follow this if needed. We noted people were given the opportunity to express any dissatisfaction or concerns in the residents' meetings and in surveys.

The complaints procedure was in the guide to the service, it was also on display in people's bedrooms. The procedure provided directions on making a complaint and how it would be managed, including timescales for responses, the contact details of the provider and other agencies that may provide support with raising concerns. The service had policies and procedures for dealing with any complaints or concerns.

There were processes in place to record, investigate and respond to complaints and concerns. The complaints records we reviewed included the nature of the complaint and the action taken to resolve matters. There had been 12 complaints logged in the last year. We noted the issues raised were various, with some presenting as minor concerns. This provided a good indication that people had felt able to raise concerns and that they had been taken seriously. We noted the recording of the complaints did not include a structured format to ensure the appropriate process was followed. There was no defined investigation strategy, which would demonstrate more clearly how the complaint was investigated. We discussed this approach with the registered manager who agreed to introduce a more appropriate recording system.

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management arrangements at the service they knew who the registered manager was. Their comments included, "I have met the manager she is very pleasant," "The manager is marvellous" and "The manager is good at management and all manner of things."

Throughout the inspection we observed people who used the service, visitors and staff regularly approached the managers who responded to them in a professional and courteous manner. One visitor said, "I think it's fabulous here."

At our last inspection the provider did not have suitable systems or processes in place, to ensure the service was operated effectively. At this inspection we noted sufficient improvements had been made. A company had been appointed to provide oversight of the service on behalf of the provider. Arrangements were in place for more comprehensive audits to be carried out on processes and systems. These included: health and safety, food safety, infection prevention and control, room checks, accidents and incidents, staff training and staffing levels. The audits were monitored by the representative of the appointed company. The registered manager and deputy manager confirmed they had ongoing regular contact with the provider.

However at this inspection we found shortfalls in the recruitment procedures for the protection and safety of people who used the service. There was also a lack of effective auditing process to identify and achieve improvements relating to care planning, individual risk assessments and some aspects of medicine management.

Following the inspection we received a letter from the provider confirming the support arrangements in place for the registered manager. This included visits by them to the service, their involvement with all major decisions and their regular contact availability. Mention was made of the arrangements for support within the Farrington Care Ltd organisation. We were also advised of their plans to develop the service.

However our findings during the inspection were that these arrangements were informal. This meant processes were lacking in effectively demonstrating the provider had structured oversight of the service. Although there were records of visits from the representative of the appointed company, there was no evidence to indicate provider involvement with this process. The registered manager continued to submit a regular report to the provider, however there was no evidence to confirm their response to this.

- We recommend the registered providers review and update their governance and oversight systems to ensure they provide a more structured, dependable and accountable process.

There was a management team in place which included the registered manager, deputy manager and senior carers. The staff rota had been re-arranged to ensure there was always a senior member of staff on duty to provide leadership and direction. The visiting community nurse told us, "It's very rare that there is no senior or manager on duty."

The registered manager and deputy manager were working towards a level 5 Diploma in Health and Social

Care. During the inspection they both expressed a clear commitment to the ongoing development of the service. One member of staff commented, "Things have improved there is much more organized and it's more homely." A visitor said, "The new deputy manager is very professional and on the ball."

Staff spoken with expressed a good working knowledge of their role and responsibilities. They had been provided with job descriptions and contracts of employment which outlined their roles and responsibilities. Various staff meetings were being held. We looked at the minutes of the last staff meeting and noted various work practice topics had been raised and discussed. We found the registered manager had an 'open door' policy that supported ongoing communication, discussion and openness. We found staff were enthusiastic and positive about their work. They confirmed there were regular staff meetings. One told us, "Team work here is amazing and communication is good. We have meetings we can speak up; they are very open to discussion and ideas." Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

Staff had access to the service's policies and procedures. However, we found some had not been appropriately reviewed and updated to include information in line with current legislation. We also noted processes were not in place to ensure staff had read and understood all the policies. We discussed this matter with the registered manager and deputy manager, who agreed to introduce a suitable method of keeping staff up to date the service's policies and guidance.

The service encouraged regular feedback from people. There were various meetings held and there was a suggestion box and with comments forms available in the entrance hallway. There had been consultation surveys with people who used the service, relatives and staff. The results had been collated and reviewed in January 2017. We looked at the results and found all the responses were positive and there were no concerns or suggestions for improvement raised. We noted there were numerous cards of appreciation and thanks, for the care and attention people had experienced at The Croft Care Home. We discussed with registered manager, ways of conveying the outcome of surveys to people.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as, commissioners of service and the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate robust recruitment procedures to ensure applicants were of good character and had the necessary skills and qualifications. (Regulation 19 (1)(2)(3))</p>