Hampshire County Council

Croft House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 8, 17 and 18 November 2016. The provider was given 48 hours' notice to make sure someone would be in. The last inspection was carried out on 8 October 2013. The service met the regulations we inspected at that time.

Croft House is a short break service for adults who have learning disabilities, autistic spectrum disorders, physical disabilities and/or complex needs. There were five people using the service when we visited. Care is provided to approximately 70 people each year.

The service had 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.

Some of the people who used the service during our visit had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we asked their relatives for their views.

All the relatives we spoke with said they thought Croft House was safe. One relative said, "Oh yes it's safe and [family member] is extremely happy there." Another relative told us, "I've got no worries and am very happy. The staff are fantastic."

Staff had completed training in how to protect people from harm and abuse and understood the different forms and potential signs of abuse. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately and promptly.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a disclosure and barring service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Risks to people's health and safety were recorded in care files. These included risk assessments about people's individual care needs such as using specialist equipment, pressure damage and nutrition. Other required checks such as gas safety were up to date.

There was a pleasant and homely atmosphere at the service. The accommodation was comfortable, clean and spacious. All relatives we spoke with said they were happy with the premises. One relative said, "It's very homely."

The arrangements for managing people's medicines were safe. Medicines were stored securely and there were clear policies in place for supporting people with their medicines. Medicine records were up to date with no gaps or inaccuracies.

Staff received relevant training to support people in the right way. Staff received regular supervisions and appraisals, and told us they felt supported.

People were supported to maintain a balanced diet and to have enough to eat and drink. The chef offered a daily menu which was based on people's preferences. A daily menu board was on display in the dining room in written and pictorial format.

People who could communicate their views verbally told us they liked staying at Croft House and that staff treated them well. One person who used the service told us, "It's brilliant here. All the staff are friendly. I would give this place a five star rating."

People who used the service were comfortable with staff and there was a welcoming atmosphere. Staff spoke to people kindly and calmly and explained what they were doing before providing care and support. Staff supported people to do the things they enjoyed and also encouraged independence with daily living. Staff described people who used the service as 'guests' and talked about people who used the service with affection and respect.

Staff had a clear understanding of people and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Staff were responsive to people's needs and acted promptly and appropriately when needs changed. Support plans were well written and specific to people's individual needs. Records were up to date and reviewed regularly.

Relatives and staff felt the service was well managed. One relative told us, "[Registered manager] is always ready to put things right." Another relative said, "[Registered manager] is extremely co-operative."

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and staffing issues. The service had an improvement plan which set out actions to be taken to improve and develop the service further. Feedback from people who used the service and their families was sought regularly and acted upon.

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.

Risks to people were managed in a safe way without restricting people's independence.

There were enough staff to make sure people had the care and support they needed.

Staff knew how to recognise and report abuse.

There was a clear system in place for the safe administration of medicines.

Is the service effective?

Good

The service was effective.

People were supported to have enough to eat and drink in line with their needs and preferences.

Staff received appropriate training to ensure they had the skills and knowledge to support people effectively.

Staff felt supported and confident to care for the people who used the service.

The provider worked in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards applications had been made where appropriate.

Is the service caring?

Good

The service was caring.

People who could communicate their views verbally told us they liked staying at Croft House and that staff treated them well.

People who used the service were comfortable with staff and there was a welcoming and homely atmosphere.

All the relatives we spoke with said staff were caring.

Staff supported people to do the things they enjoyed and also encouraged independence with daily living.

Is the service responsive?

Good

The service was responsive.

Care plans reflected the needs of individuals and were well written.

People took part in a range of activities and were supported to be independent.

Staff supported people to pursue interests that were important to them.

There were policies in place to ensure concerns and complaints were addressed appropriately.

Is the service well-led?

Good

The service was well-led.

Feedback from people who used the service and their families was sought regularly and acted upon.

Relatives told us the service was well-led and they would recommend Croft House to others.

Staff told us the management team were approachable and they had plenty of opportunities to give their views.

Effective systems were in place to monitor the safety and quality of the service.

Croft House 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 8, 17 and 18 November 2016. The provider was given 48 hours' notice because the location provides a short break service for adults who are sometimes out during the day, so we needed to be sure someone would be in.

The inspection was carried out by one adult social care inspector on 8 November 2016 and an expert by experience on 17 and 18 November 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted relatives of the people who used the service to obtain their views.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

In addition to the PIR we also reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales.

Some of the people who used the service during our visit had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we asked their relatives for their views. We spoke with nine relatives on the telephone.

During the visit we spent time with five people who were using the service. We spoke with the registered manager, the service manager (representative of the provider), the deputy manager, the acting deputy manager, one senior support worker, four support workers, the chef and the administrator.

We viewed a range of care records and records relating to how the service was managed. These included the care records of three people, the medicines records of four people and three staff recruitment and training files.

Good

Is the service safe?

Our findings

All the relatives we spoke with said they thought Croft House was safe. One relative said, "Oh yes it's safe and [family member] is extremely happy there." Another relative told us, "I've got no worries and am very happy. The staff are fantastic." Relatives told us if they had any concerns about people's safety they would be happy to approach staff and managers, social services or the Care Quality Commission.

Staff had completed training in how to protect people from harm and abuse. Staff attended safeguarding training as part of their induction, followed by periodic refresher training on this subject. The protection of people from abuse was also routinely discussed at staff meetings and during staff members' one-to-one sessions with management. This meant staff were frequently reminded of their responsibilities to keep people safe and how to report any concerns.

Staff we spoke with understood the different forms and potential signs of abuse. They gave us examples of the kinds of things that may give them cause for concern, including marked changes in people's mood, behaviour, sleep pattern or appetite. Staff understood the need to report any concerns to the management team without delay. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately and promptly.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information such as evidence of qualifications, photographic proof of identity and background checks. These included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. The provider's policy was to repeat DBS checks every three years. Where staff had previous cautions or convictions further information had been sought and risk assessments had been completed appropriately.

The service employed 18 staff. The registered manager, deputy manager, acting deputy manager, senior support worker and three support workers were on duty during the day of our inspection. Staff rotas we viewed were as described by the registered manager.

Most people who used the service had been assessed as needing high levels of staff support to keep them safe. Our observations were that when people were in the home there were four staff on duty. At night time there was one waking night staff, although additional staff were put on duty when people's individual needs deemed this necessary. The registered manager said, "We don't have set rotas. We decide how many staff we need based on the needs of the people we have staying at that time. We always encourage staff to say if they think we need more staff." There were enough staff to keep people safe.

Relatives and staff we spoke with said there were enough staff on duty. One relative told us, "It is well-covered in the day." Another relative said, "There is always enough staff for [family member] to go out."

The service had a low turnover of care staff and there were no vacant posts at the time of the inspection. The registered manager told us they had access to bank staff if needed, but only used them when absolutely necessary. Contingency arrangements were in place in case of accidents or staff emergencies, and on-call management arrangements were in place.

Risks to people's health and safety were recorded in care files. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the identified risks were set out in people's care plans for staff to follow. For example, where people had been identified by a speech and language therapist as at risk of choking guidance was included in the care plan for staff to refer to.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained detail about their individual needs, should they need to be evacuated from the building in an emergency. PEEPs contained clear step by step guidance for staff about how to communicate and support each person in the event of an emergency evacuation.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety, sensor mats for people with epilepsy and other assistive technology. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date which meant the premises and equipment were safe for people, staff and visitors.

The arrangements for managing people's medicines were safe. Medicines were stored securely in a locked cabinet in a room which was only accessible to staff. There were clear policies in place for supporting people with their medicines. Each person had a medicines file and a one page medical summary which recorded details of people's specific medical needs. For example, allergies, possible side effects of medicines and if there was a history of seizures.

Medicines that are liable to misuse, called controlled drugs were stored appropriately. Controlled drugs were kept in a locked metal safe which was fixed to the wall. This meant controlled drugs were stored safely in line with current guidance. Records relating to controlled drugs had been completed accurately.

All staff members who administered medicines were trained in the safe handling of medicines. We observed staff supported people to take their medicines safely and appropriately. We looked at five medicine administration records (MARs) and found these had been completed correctly which meant people received their routinely prescribed medicines as directed. Handwritten entries on MARs were signed by two staff members which was in line with NICE guidance.

Two staff made sure medicines were administered in the right way. This meant every time it was given, it was checked and witnessed by another staff member. Staff also kept a record of the running total of medicines left, which were checked daily at each handover to ensure no medicines were missed. This meant the risk of medicines errors was reduced.

For people who were prescribed medicines 'as and when required' there was clear guidance in place when it should be administered, for example if a person was having a seizure or if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. This was particularly important for people who could not always communicate verbally. Where 'homely' medicines were listed in care plans, for example to relieve cold or flu symptoms, these had

been approved by people's GPs.

Accident and incident forms were completed accurately and logged straight on to the provider's computer system. There was evidence of follow up action such as body maps were completed and people's GPs were informed. An analysis of accidents and incidents was carried out regularly to prevent recurrence. For example, it was identified that for one person if they were supported by male staff this minimised the likelihood of behaviour that may challenge.

There was a pleasant and homely atmosphere at the service. The accommodation was comfortable, clean and spacious. All relatives we spoke with said they were happy with the premises. One relative said, "It's very homely."

Good

Is the service effective?

Our findings

All relatives we spoke with said staff were properly trained and they had confidence in the ability of staff. One relative said, "The staff are brilliant and know [my relative] inside out." Another relative told us, "All the staff are qualified."

People who used the service were supported by staff that were trained and knowledgeable. Training involved a combination of face to face and online training on subjects such as moving and handling, infection control, first aid and food hygiene. Staff said and records confirmed induction training lasted four weeks and they shadowed a more experienced member of staff before working independently. Casual staff also completed all mandatory training. The deputy manager said, "We don't let staff do anything unsupervised until they're fully trained."

The provider used a computer-based training management system which identified when each staff member was due further training. Training was booked through the local authority's 'learning zone' (the provider was the local authority). Records showed staff training in key areas was up to date.

Staff we spoke with told us they had received sufficient relevant training and they felt confident to care for the people who used the service. One staff member told us, "We've had enough training without a shadow of a doubt."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. A supervision and appraisal planner was in place so the management team could monitor and plan when these were due. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training.

We looked at how the provider protected people's rights under the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider had assessed each individual's care and support arrangements and had made DoLS applications for all of the people who used the service where appropriate. Some people who used the service did not need to have a DoLS in place so were given a security fob to enter and exit the building as they wished.

Staff received training in relation to the requirements of the MCA. We also saw written guidance on the use of mental capacity assessments, best-interests decision-making and how to support individual's choices in

people's care files. The registered manager and staff we spoke with demonstrated an understanding of the implications of the MCA for their work with people who used the service. Staff understood the need to support people to make their own decisions and the role of best-interests decision-making. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities.

People were supported to maintain a balanced diet and to have enough to eat and drink. The chef offered a daily menu which was based on people's preferences. A daily menu board was on display in the dining room in written and pictorial format. The chef knew people's likes and dislikes well and had a good relationship with people who used the service. One person told us how the chef was making their favourite meal for tea as it was their last night staying there for a while.

People who used the service ate their meals with staff in the dining room. We joined people for lunch and saw the atmosphere was sociable and relaxed. People were given a choice of soup, sandwich, salad or toasties or whatever else they wanted which meant people's individual needs catered for. Meals were prepared from scratch using fresh produce and a choice of cold drinks was also available. Staff supported one person to eat in a discreet and compassionate manner.

A communication diary was used to ensure details relating to people's needs were passed to the next shift. Verbal handovers were also done at each shift changeover which meant staff were kept up to date with people's needs.

Care records contained evidence of collaboration between families, staff at the service, social workers, dieticians, community specialist nurses, occupational therapists, physiotherapists, and GPs to ensure people received effective care to meet all of their needs.

Good

Is the service caring?

Our findings

People who could communicate their views verbally told us they liked staying at Croft House and that staff treated them well. One person who used the service told us, "It's brilliant here. All the staff are friendly. [Staff member] is a great person to be around. He's a good bloke and [staff members] are two lovely ladies. I would give this place a five star rating."

All the relatives we spoke with said staff were caring. Comments included, "first class", "very pleasant", "absolutely wonderful" and the "best I've known". One relative told us, "Staff are so friendly and welcoming." Another relative said, "They are extremely co-operative."

The service had received feedback from relatives who used the service. Comments included, 'You do an excellent job at croft House – always sensitive, caring and communicative. [Family member] loves it and is very positive about it. We are so grateful for the support you have given our family and [family member]' and 'Thank you for looking after [family member] for me.'

We observed people who used the service were comfortable with staff in a welcoming and homely atmosphere. Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff supported people to do the things they enjoyed and also encouraged independence with daily living.

Staff described people who used the service as 'guests.' Staff told us about 'positive risk taking' and how important it was to encourage people's independence while ensuring they were safe. For example, staff told us it wasn't safe for some people who used the service to be in the kitchen alone, so the chef and support workers supported them to do basic tasks so they could be involved.

Staff told us how they made sure people's privacy and dignity was maintained. For example, closing bathroom doors when people were receiving personal care, or closing bedroom doors when people were getting changed. Staff knew people well including the exact support people needed in various situations. For example, one person needed reassurance and focused attention when they became anxious. Staff we spoke with talked about people who used the service with affection and respect.

Staff had a good understanding of what was important to people who used the service, even though people were there for a short period of time. On the day of our visit staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed.

People's preferred dates for short breaks at Croft House were requested annually. The registered manager and administrator were responsible for organising this and told us how they tried to accommodate people's requests, whilst considering the compatibility of people and their individual needs. They told us some people got on well together and where possible they tried to support these friendships by enabling them to have a visit together.

The registered manager told us, "We give people additional stays to their allocation wherever possible. We give support to the whole family not just our guests. We help families considering residential placements and work with new providers to share care plans and allow their staff to shadow our staff."

Staff told us how they supported families as well as people who used the service. One staff member said, "It's about supporting the families as much as the person. We'll always try and help if family have an emergency or an appointment comes up. Sometimes we just give people their tea and parents pick them up later in the evening. It gives families a bit of breathing space." Another staff member told us, "Some parents won't call other professionals but they're comfortable with us so they call us."

Good

Is the service responsive?

Our findings

Care records showed people's needs were assessed and determined before the service was provided. The registered manager explained that when a referral was received by the service it was considered at a monthly referrals meeting. A 'pre-stay assessment' was carried out to ensure staff could meet the needs of the individual concerned. Introductions to the service were planned and people usually visited the service at tea time so they could meet other people who used the service and staff informally.

A staff member said, "Some people like several tea visits before they stay overnight for the first time. We work at their pace." The provider's representative said, "We're extremely person-centred. We ensure we have all relevant information to ensure placements are safe. There are natural relationships between service users and staff. Staff are welcoming to people."

Each person who used the service had an individual support plan. Some people who used the service had limited involvement in their care planning because of their complex needs. Where possible the relatives of people who used the service had been involved in developing people's support plans. Relatives told us they were happy with their involvement in care planning. Staff knew people well and how people communicated, and this was also included in care plans. Relatives told us they felt involved in their family member's care planning.

We looked at support plans for three people. Support plans were detailed and personalised. Plans contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had an 'all about me' document completed which provided a person-centred snapshot of the individual and a good level of detail. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, routines and communication. Care records also contained risk assessments which were detailed and specific to the young person. This meant staff had access to information about how to support people in the right way.

Records showed care plans were continuously reviewed by staff, and annual reviews were held with relatives and care professionals. Staff we spoke with told us that they were given time to read and contribute to people's support plans and staff demonstrated a good knowledge of people's preferences and support needs. One staff member said, "We know people well, for example when one person grimaces it means they're in pain."

The service manager told us how the service adhered to the principles of 'say it once' which is a Hampshire based initiative to enable parents, carers and individuals to 'say things once' about people's conditions and care requirements. This meant people did not have to repeat themselves to various professionals.

Staff were responsive to people's needs and acted promptly and appropriately when needs changed. For example, one person's needs had changed in terms of dietary intake so their support plan was amended to reflect this and the details were included in the staff communication book. For another person, staff had developed a picture exchange communication system specifically designed for the individual's needs. The

impact of this was the person's communication skills had improved.

People made their own decisions about activities they wished to participate in. As the service offered short breaks some activities were planned in advance whilst others were ad hoc. During our inspection one person said they wanted to go out for a milkshake that afternoon. Other people who used the service also expressed they would like to do this so an outing was quickly arranged. People told us they had enjoyed themselves. The deputy manager told us, "We want people to enjoy their time here."

Records showed people had been involved in a variety of activities such as disco nights, an annual summer barbecue, an annual Christmas party, shopping, picnics, going to the theatre, going to the seaside for fish and chips and having takeaways. There was a well-equipped sensory room at the service and staff told us this was well used and enjoyed by people who used the service. One relative said, "[Family member] throws discos in the multi-sensory room and all the others are invited." Another relative told us, "[Family member] loves to cook and looks forward to going [to Croft House] and moans when it's time to come home."

The provider had a complaints procedure which was available to people, relatives and stakeholders. A service users' guide which contained details of how to make a complaint, was usually given to families, although an easy read version was available for people who used the service. All the relatives we spoke with said they would feel comfortable raising any concerns with staff or the registered manager. One person we spoke with had made a complaint in the past which had been dealt with appropriately, promptly and to the relative's satisfaction. This meant the procedures in place to manage complaints were effective.

Good

Is the service well-led?

Our findings

Relatives told us the service was well-led and they would recommend Croft House to others. Relatives described the registered manager as approachable. One relative told us, "[Registered manager] is always ready to put things right." Another relative said, "[Registered manager] is extremely co-operative."

Staff spoke positively about the registered manager and the atmosphere at Croft House. One staff member told us, "There's a nice relaxed atmosphere here. We get to know the lads well." Another staff member said, "The culture here is fine, management are honest and approachable." The assistant manager told us, "This is the most compatible house I've worked in, both the people who live here and staff."

The registered manager had worked at the home for many years, and was supported by a deputy manager. The registered manager told us they felt supported by the provider as they visited the service regularly. The registered manager also managed a similar small service nearby.

Staff meetings were held regularly and staff could add to the agenda at any time. Records of these meetings showed they were used to discuss people who used the service and to address issues within the service. Staff told us they had plenty of opportunities to provide feedback about the service. The registered manager said, "Staff meetings are an open forum. We make sure staff who aren't present for the meeting are given the minutes to read and we ask them to sign that they've read them. It's a constructive time as we review people's key areas of responsibility. But I want all staff to know everything."

People were given opportunities to give their views at the end of each stay. People who used the service and their families were given 'have your say' satisfaction forms to complete and action was taken when appropriate such as taking a person to a specific activity they enjoyed. These surveys reflected the Care Quality Commission's key lines of enquiry which was good practice. All of the relatives we spoke with said no improvements were needed. Feedback was also sought before annual reviews from people, parents and carers, day service providers and care managers to discuss whether Croft House was still meeting the needs of the person.

The registered manager told us they used to hold regular house meetings so people who used the service could be consulted about key decisions, but these didn't always work depending on the specific needs of individuals who were using the service at the time. The registered manager told us they now held informal house meetings and we observed this during our inspection. People who used the service were involved in staff recruitment and took an active role in the interview process.

A newsletter was given to people and families every few months which contained information about what trips people had been on, whether there had been any staffing changes and any other relevant information. Newsletters also contained the registered manager's email address and phone number if people or families wanted to contact them directly.

There was an effective quality assurance system in place to monitor key areas such as safeguarding

concerns, accidents, incidents and staffing issues. The registered manager completed a weekly management monitoring record which was reviewed monthly and feedback was given at staff meetings. For example it had been identified that one person who used the service liked listening to a certain type of music but this had not been included in their care plan. This was rectified which meant quality monitoring resulted in improvements to the service.

A representative of the provider visited the service every two months to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed with the registered manager. Where actions had been identified these had been completed.

The service had an improvement plan which set out actions to be taken, the staff member responsible and a target date for completion. The registered manager told us one of the actions on this plan was to develop communication aids in line with latest technology so staff could use digital tablets and similar devices to support people's communication skills.