

# Worcestershire County Council

# Crofters Close

## Inspection Report

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# Summary of findings

## Overall summary

Crofters Close is a local authority care home that provides accommodation and personal care and support for up to six people with learning disabilities. Five people lived at the home at the time of our inspection. At the time of our inspection there was a registered manager in post.

The people living at Crofters Close had lived together for a number of years. Everyone was comfortable and relaxed in each other's company. We spoke with three relatives and an advocate. They all confirmed that what mattered most to them was that the staff knew people well and therefore responded to people's needs effectively which reduced risks to their wellbeing.

People who lived at Crofters Close were treated with kindness and compassion. Relatives and an advocate that we contacted by telephone all agreed that people were supported by caring staff who kept them informed about people's care. One relative told us that they felt that their family member was safe and there was always someone at the home they could talk to if there was a problem.

People who lived at the home were safe and their needs were met by staff who knew them well. Every person had an individual plan of care, based on their learning disabilities and other social and health needs. When we spoke with staff they were able to tell us about the people they provided care and support to which included their support needs.

There were good systems in place that ensured risks to people were identified and met. Assessments of people's needs and risks were written down in plans which included the triggers that might cause people's behaviour to become challenging. Staff that knew about people's identified risks and how to manage these effectively to ensure people's safety was promoted.

Staff had a good understanding of the types of concerns that may have indicated abuse and their responsibilities to help protect and keep people at the home safe. They were clear about the steps they would take if they had any concerns and were confident that these concerns would be investigated or reported. One member of staff also told us that the training and support provided ensured that they were able to look after and meet the needs of people living at the home.

The registered manager acted in accordance with legal requirements where people may be unable to make their own decisions to consent to their care, support and treatment. Staff had an awareness of the Mental Capacity Act 2005. They understood their obligations with respect to people's rights and choices when people did not have the ability to make informed and appropriate decisions. For example, decisions were made by professionals and family members where appropriate so that people's best interests and rights were upheld. The registered manager and staff also understood the principles of the Deprivation of Liberty Safeguards and showed that people's needs were met in the least restrictive way.

There were arrangements in place to assess and monitor the safety and quality of care. The views of people and families were used to improve the quality of services delivered. One example that illustrated this was that the registered manager had continued to work hard to improve people's access to personalised activities. This was acknowledged by another professional who had witnessed the improvements. This demonstrated that the registered manager listened and acted upon other professionals views which showed that the care and support that people received was effective and well led by staff that cared.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

Relatives told us they felt that their family members were safe and staff responded to their needs as they knew them well. One family member told us that there was a homely atmosphere at Crofters Close and it felt like people's home.

We saw that some attention was needed in the communal bathroom areas to ensure people were protected from the risks associated with infection. This included one piece of specialist equipment in one bathroom that needed to be repaired to ensure that it could be effectively cleaned.

We also saw mouth wash and nail brushes in communal bathrooms. This meant that there were some shortfalls in staff practices in the prevention of cross infection risks. People should have had their own personal mouth wash and nail brush if they required these items to make certain that they were not sharing these with other people. In addition to this we also saw open packs of continence pads in one bathroom. The registered manager assured us that they would address these issues immediately so that people were protected from the risk of infections.

There was a focus on people's safety and we saw that staff assessed, identified and had taken action to reduce risks so that people were protected from harm. Staff had a clear understanding of what to do if safeguarding concerns were identified which made sure people were protected from harm.

Policies, procedures and audits the provider's safety monitoring systems were robust. The staff showed that they had a clear understanding of their role in providing care and safeguarding the people they supported.

Systems were in place to ensure the legal requirements of the Mental Capacity Act 2005 were followed. This meant people could be assured decisions would be made in their best interest if they did not have the ability to make decisions for themselves. Staff also understood the principles of the Deprivation of Liberty Safeguards and that people had the right to freedom and receive care in the least restrictive way.

# Summary of findings

## Are services effective?

The home environment met the needs of people who lived there. It was comfortable and there were different areas for people to spend time in as they wished. This meant that people had their own rooms that were personal to them but could also spend time in communal areas.

People's health and care needs had been assessed and care plans were in place to guide staff on how to meet people's needs. There was evidence of people's family members and their representatives being involved in assessments of their needs and planning of care.

Specialist health care needs were always assessed and included in care plans and health action plans. Specialist health and social care professionals regularly gave input and staff followed their advice for the benefit of people who lived at the home. All care, activity and risk assessment plans were reviewed regularly. Every person had a key worker who looked after them and promoted their needs and choices.

Staff received regular training to meet the support needs of the people who lived at the home. Training had been provided about the care and support of people with learning disabilities.

## Are services caring?

Relatives that we spoke with felt that staff were kind and respectful towards their family members.

Staff understood how to show people respect and maintain their dignity at all times. For example staff ensured toilet doors were closed and people could spend private time with relatives as they chose.

People received personalised care in an attentive, kind, compassionate, and patient manner to meet their different needs.

People were well supported when they needed to go into hospital and when they were later discharged. Staff at Crofters Close liaised effectively with hospital and other professional staff.

## Are services responsive to people's needs?

Care plans were person centred and contained lots of information about people's choices and preferences with an easy read format that included pictures that illustrated the written words. We saw that everyone's care plans contained detailed information about each person's support preferences to ensure people received consistent care and support.

# Summary of findings

The registered manager and staff we spoke with demonstrated to us that they were committed to providing the best levels of care and to continue to improve and facilitate activities for the people who lived at the home. This was confirmed by an advocate that we spoke with.

We saw that people's health and care needs were being regularly assessed. There was regular input from external social care and health professionals when needed including when people's needs had changed. This was also confirmed by an advocate that we spoke with.

Complaints or concerns were taken very seriously and action was taken to resolve issues.

## Are services well-led?

There had been a stable staff team for some years. There had been no changes in the management of the home. There was a clear management structure within the home. From the discussions with the registered manager, they were knowledgeable about the service, the people and staff. They met with their managers and peers regularly to maintain up to date knowledge.

We saw that people had the opportunity of making their views known about the care, support and treatment people received at the home. All the relatives and an advocate that we spoke with told us that what mattered was that staff knew people well and this meant that people's needs were met and they were safe.

The provider had a quality assurance system in place. Records seen by us showed that any shortfalls identified had been addressed. There were systems in place to provide feedback to staff about changes and developments at team meetings and daily handovers.

Staff we spoke with told us that the registered manager had an 'open door' approach so that staff could express any concerns or issues they had daily if they needed to.

Staff told us that they had worked with the people who lived at the home for some time and enjoyed their work. They said that they felt they were supported by the registered manager and involved in the development of the service.

There were systems in place to make sure that management and staff learned from events such as accidents and incidents, complaints, concerns and investigations. This meant that people benefited from a well led service that took on board lessons learnt.

# Summary of findings

## What people who use the service and those that matter to them say

The five people who lived at the home at the time of our inspection were not able to hold conversations with us due to the complexities of their learning disabilities. However, we spoke with three relatives by telephone on the day of our inspection. All the comments that we received informed us that relatives were happy with the care their family members received. The relatives felt that staff knew people well and this really mattered to the relatives that we spoke with as they felt that their family members received good care and they were safe.

One relative told us that they felt that their family member was: "Well cared for" and liked: "The homely atmosphere."

All the relatives told us they felt involved in any decisions that needed to be made. One relative said that the

registered manager was always available and understood their family member's needs. They also told us that they were invited to care reviews but could have informal chats at any stage and confirmed with us: "We can get on with our own lives as well."

An advocate that we spoke with told us that staff were extremely helpful and they really cared for the people they provided care and support to. They said: "The staff are knowledgeable about each person" and "People are safe in their care." The advocate also confirmed that they were refreshed by the registered managers 'open' approach to any improvements that would benefit people who lived at the home.

# Crofters Close

## Detailed findings

### Background to this inspection

We visited Crofters Close on 7 April 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we had reviewed all the information we held about the home. At our last inspection on 11 December 2013 we did not identify any problems with the care and treatment people received at Crofters Close.

The inspection team consisted of a lead inspector and an expert by experience who had experience of caring for people with learning disabilities. The expert by experience

spent time with staff to gather their views about life at the home and the care and support people received. We spoke with three relatives by telephone on the day we visited and an advocate after our inspection.

At this inspection we spoke with staff and looked around the home. We observed the care and support that people received to meet their different needs over the course of the day.

We spent time with the registered manager and two members of staff who told us about people's care and life at the home.

We also looked at the care records of two people who lived at the home and various management records to support our findings. These records were used to review, monitor and record the improvements made to the quality of care and support that people received.

# Are services safe?

## Our findings

At this inspection we saw that some attention was needed in the bathroom areas to ensure infection prevention and control was maintained for the safety of people who lived at the home. For example, the arm of a specialised chair in one of the bathrooms needed to be repaired and tape had been placed over part of the arm. This did not allow for effective cleaning of this equipment.

There were some shortfalls in staff practices in the prevention of cross infection risks. For instance in some communal bathrooms we saw bottles of mouth wash and nail brushes. This meant that people were at risk of infections as there were no measures in place to ensure that people had these items in their rooms for their own personal use. We also found open packs continence pads in one bathroom, all lined up in individual piles. When we spoke with the registered manager about this practice they told us they would make sure that people's incontinence pads were placed in a cupboard area. The registered manager assured us that they would monitor the bathroom areas and any identified issues would be addressed immediately.

We observed the home environment was clean and tidy throughout. We looked at some of the communal areas of the home which included the lounge and the kitchen areas. We did not go into people's rooms as we did not have their permission to do this. However we did go into rooms that were not occupied and these looked clean. When we spoke with staff, relatives and the advocate they did not raise any concerns about the cleanliness of people's rooms. This meant that people received care and treatment in a clean environment.

We saw that cleaning schedules were in place and meetings were in place to gain the views of domestic staff. These meetings were also used to feedback any areas of cleaning that needed to be improved upon.

In addition to this we found that there were supplies of cleaning equipment and materials and they were stored ready for use. We saw there were adequate provision of suitable hand washing facilities, soap and alcohol gel. Staff confirmed that they were supplied with the correct personal protective equipment when they carried out infection control procedures. We observed staff wore appropriate personal protective equipment, such as,

aprons when meals were being served and when they assisted people with their meals. This showed there were various infection control measures in place that reduced the risks of infection.

All the relatives and the advocate that we spoke with us confirmed that they felt people were safe whilst they lived at Crofters Close and staff knew people well. They told us that this was important due to the complexities of people's learning disabilities and people who lived at Crofters Close lacked the ability to make informed decisions about different aspects of their lives. When we spoke with the registered manager and staff they showed they were aware of the need to involve the appropriate professionals and relatives when people lacked the mental capacity to make a decision for themselves. The evidence for this was also reflected in people's care records and relatives that we spoke with confirmed that they had been involved in their family members' care. This demonstrated that the knowledge staff had gained from their training in the Mental Capacity Act 2005 was put into practice when they considered the complex needs of people. This meant people's human and legal rights were protected when decisions were made.

An advocate also told us how staff had involved them in the specific decision making process for one person who lived at the home. The advocate confirmed that a meeting was held with all the appropriate professionals involved in the person's care. This enabled any decisions made on behalf of the person had their best interests at the heart of them.

The registered manager and staff were aware of the Deprivation of Liberty Safeguards as they had received training and could access information about this. The registered manager told us that people received safe care in a homely environment with routines to support people and not to control people. This showed that the registered manager had the knowledge that any options considered when meeting each person's health and social care needs were the least restrictive to people. We did not observe people being potentially restricted and/or their liberty deprived by staff practices.

We looked at two people's care records and saw that risk assessments were in place to keep people safe. In one person's care records we saw that there was risk assessment about how best to support and respond to the person's behaviour. This held personalised details and was clearly based around this person's behavioural needs.



## Are services safe?

There was guidance about what might cause the person's behaviour to become challenging and how staff should use distraction techniques to occupy the person so that identified risks were reduced. Staff also told us that they had received specialist training to meet people's behavioural needs. This supported staff to have the knowledge and skills to protect people from any risk of harm.

Staff had access to safeguarding procedures and there was information displayed about safeguarding vulnerable adults in the office for staff and visitors to view. We saw that all staff had received training to help them to recognise and respond appropriately to any signs of abuse. We spoke with

one staff member and they were able to describe the action they would take to keep people safe if they witnessed an incident of possible abuse. Staff were aware that incidents of potential abuse or neglect must be reported to the local authority so that they could be investigated.

In addition to this there was a whistle blowing policy which provided information for staff about reporting any concerns they may have. This meant that staff would respond appropriately if they felt people who lived at the home were being abused or being placed at risk of abuse. All the staff that we spoke with told us that they felt that people were safe and their needs were met.

# Are services effective?

(for example, treatment is effective)

## Our findings

At this inspection we walked around the majority of the communal areas in the home with the registered manager. They showed us the various facilities to meet the needs of people who lived at the home. For example, the passenger lift provided access for people to the first floor and corridor areas were uncluttered. This meant that the accommodation was as suitable as possible for people to walk or move around the home.

We saw that people had a choice of which part of the lounge areas to sit in. Communal areas contained objects for people to interact with or assist them to occupy themselves. The registered manager and staff told us that people were supported to choose the colour of the decoration in their room and furniture by looking at pictures. This was confirmed by one relative who told us that their family member was able to have their personal items around them in their room which included sensory equipment. This meant that people had rooms that were personal to them, where they could spend time alone and meet with their family and friends in private if they wanted to.

There were effective arrangements in place that ensured the safety and suitability of the premises. For example, documentation was in place to review the premises so that repairs were done to maintain the upkeep of the premises. When we walked around the home we saw that it looked well maintained and decorated for the benefit of the people who lived there.

Before people came to live at Crofters Close a detailed assessment had been completed. People's preferences and views on what they wanted to meet their daily lives had been recorded. From the records we saw that the people who lived at the home and those important to them, such as relatives, had been involved in assessments of people's needs. This meant information about people's needs provided staff with a good understanding of each person's individual care, communication, physical and health needs when they moved to the home.

We spoke with three relatives by telephone during our inspection. Relatives said that they had been involved in

their family members' care and on going reviews. One relative told us: "We feel included in her life." Another relative felt that there were plenty of consultations and discussions with staff about their family members care.

It was clear from what we saw on the day of our inspection and from our discussions with the registered manager and staff that they knew people who lived at the home. This included people's social, communication, mental health needs, and physical health needs. Staff had supported one person when they needed dental treatment and practices had been developed that assisted another person with their meals. This showed that people's wellbeing was monitored and reviewed. These practices demonstrated that people's care and treatment remained relevant and reflected people's current needs so that their quality of life was as good as it could be.

There was some evidence from speaking with the registered manager, staff and relatives that people who lived at the home were involved in simple day to day decisions as they were able to. For example, one relative told us that their family member would go to their room as they wished. In addition to this staff told us that due to knowing people well they would observe people's body language and moods to help them to understand when a person did not like an activity or a particular meal. This demonstrated that people were treated as individuals.

People had access to regular health checks. The registered manager and staff were able to give

examples of where they had identified a person's health had deteriorated and the action they had taken as a result. This meant that staff were able to identify when a person was unwell, and they took appropriate action to ensure the person received treatment quickly. We saw and heard from the registered manager and staff that referrals to other professionals such as doctors, speech and language therapists, community nurses, occupational therapists and physiotherapists.

In addition to this we saw that specialist equipment was provided by professionals when required to meet people's needs that reduced risks to their safety and wellbeing. This included equipment that helped people with their physical disabilities both in the short term or long term. One new member of staff was able to tell us about the specialist equipment people required. They told us that during their induction they became familiar with people's needs

# Are services effective?

(for example, treatment is effective)

through observations of people's daily lives, and reading people's care plans. They also told us that they had worked with more experienced staff to enable them to get to know people and how they liked to be assisted. This meant that people received effective care and support from staff who had knowledge of their needs.

Staff were made aware of the provider's values and beliefs through their induction programme and training. One member of staff that we spoke with told us they felt supported through regular supervisions and staff meetings.

One member of staff confirmed details of the training that they had received and felt that they had received the training required to meet the needs of people that lived at

Crofters Close. This included training in; learning disabilities, equality and diversity, moving and handling and fire safety. One new member of staff was able to tell us how they supported one person with their meals and how the training that they had received had helped them to do this. This evidence demonstrated that when staff came to work at the home they received training to provide them with the skills and knowledge so that people received the right support in the right way to meet their individual needs. We also saw that the registered manager reviewed the training needs of the staff which meant that staff received on going refresher courses so that people's needs continued to be met by effective staff practices.

# Are services caring?

## Our findings

During our inspection we were not able to get detailed responses to our questions from the people who lived at Crofters Close. However when we looked around the home and spoke with staff we carried out some discreet observations between staff and people who lived at the home. We saw that staff were caring towards people and treated them with respect. For example, people we saw throughout the day were clean and appeared physically well cared for. This showed that staff took time to assist people with their personal care.

Relatives and an advocate that we spoke with were very positive about the care provided to people. One relative told us that they were very happy with the home and that their family member was, "Settled." An advocate said: "I have found the staff extremely helpful" and: "They really do care for people."

There was a team of staff who had worked at the home for some time and knew people well. We asked staff about the people that they provided care and support to. They were able to tell us about people's, likes and dislikes and what was important to them. The information they gave us matched what was in the care plans. One member of staff told us that they observed people's body language and the way they communicated to gain people's views about the care and support they received. This demonstrated the care and support people received was centred around their individual needs and preferences.

Throughout the day we noted that interactions between staff and people supported people in their various daily activities. For example, at lunchtime people who required physical support to eat their meal were assisted in an unhurried manner. There were positive and affectionate interactions between the member of staff and the person they were supporting. This meant people received care and support that was kind and compassionate.

People's privacy and dignity was respected during our inspection. We saw that one person wanted to use the toilet and one member of staff discreetly waited outside the toilet door. The member of staff took this action as a precautionary measure as they thought that the person might open the toilet door before it was appropriate to do this. This meant that the member of staff had taken action that made sure that the person had privacy when they used the toilet with their dignity fully protected.

When a person had gone into hospital the registered manager and the staff at Crofters Close had worked well with the hospital staff and community health professionals. For example, information about people's care needs and themselves which included their learning disability was provided to hospital staff. This made sure that people received the support that they needed during their hospital stay. When people were ready to return to their home we saw that any specialist equipment and training that the staff needed to meet the person's changing needs was provided. This meant that people received the care they required in a safe way within their home.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People were supported to keep in touch with the people that were important to them such as their relatives and things that mattered to them, such as, trips out and holidays. Relatives that we spoke with confirmed this. There was also a newsletter, 'Crofters Chronicles' about life in the home and what people who lived there were supported to be involved in. For example, we were shown the March newsletter and saw photographs of people enjoying trips and one person helping with household chores as they liked to do this.

We looked at a selection of care plans for two people. These had been developed with pictures, photographs and key words for people who would understand the information. The care plans provided a story about each person which included people's needs, routines, preferences, social interests and people important to them. This supported people to have plans that were individual and personal to them.

There were arrangements in place that reflected the social activities that people participated in. Throughout the day we also noted that interactions between the staff and people who lived at the home showed that staff knew people's communication needs and what people enjoyed doing to occupy themselves. We saw that staff engaged with people and used games, picture and colouring books and listened to music. This meant that people were offered activities and meaningful occupation that were relevant to them.

We saw and heard from the registered manager about the approaches that had been taken that ensured people's care and support met their changing needs. For example one person required medicine that was not part of the provider's medicine policies and staff training. However the person's relatives raised their concerns about this and the provider listened by changing their medicine policies to incorporate these type of medicine practices and staff received the specific training to meet the person's needs. This showed that the provider had listened and responded to feedback from people using the service and their relatives.

In one recent 'case study' discussion that we looked at we saw that staff had worked with other professionals in order to meet the person's increased needs. The information also showed that the registered manager and staff had recognised when they were unable to meet the person's needs in a safe and effective way at Crofters Close. When the person moved to their new home the registered manager and staff made arrangements for the people who lived at the home to visit the person in their new home. This meant that a human and caring approach was taken that helped important relationships to be maintained for as long as possible.

We spoke with an advocate who told us that they had raised some concerns in the past about one person's access to individual activities. They confirmed to us that the registered manager had listened to their concerns and acted upon them as the person's access to a range of activities had improved. We found that the registered manager and staff continued to work hard to promote and improve people's access to individualised activities. For example, two vehicles were adapted for people who required wheelchairs so that they could access the community. This showed that people's social and physical needs were met and they were not disadvantaged.

Assessments of people's capacity to make informed decisions were recorded. Advocacy support was secured where this was appropriate. This meant that any decisions made were in the best interests of the person as directed in the Mental Capacity Act 2005.

The provider had a complaints policy in place for making complaints about aspects of service delivery. The procedure for raising complaints was available to people in the service user guide and displayed in the office area of the home. The registered manager also confirmed that they would ensure information about making complaints was at hand when people requested this and offered an easy read format that suited people's needs, such as, pictures and videos. The complaints procedure showed how people would make a complaint and what would be done to resolve it. All complaints were recorded and monitored so improvements to the service delivery and learning could take place.

# Are services well-led?

## Our findings

All the relatives that we spoke with told us that they were happy with the care their family members received whilst living at Crofters Close. One relation felt that the registered manager was always available and understood the needs of their family member. They also told us that they were invited to reviews but could have informal chats at any stage.

We also asked an advocate for their views about how well led the service was. The advocate told us that they: "Had a lot of time" for the registered manager. They found that the registered manager had: "Open and transparent approaches to what was working well for people and what did not."

The views of people and relatives had been routinely used to improve the quality of services delivered. The registered manager told us that house meetings were not held. This was because people who lived there would not be able to contribute to these in a group situation due to people's different communication needs. Therefore other ways were found that ensured people's voices were heard about life in the home, such as questionnaires and key worker responsibilities. For example, each person had a member of staff who acted as their key worker who looked after and promoted their choices and their independence during review meetings about their support. This showed that people and their relatives were provided with alternative methods to share their comments and views about any improvements in the home.

From our observations of the interactions between the registered manager and staff there was strong leadership with an open and inclusive culture in place at Crofters Close. One member of staff told us that the manager was supportive and their door was always open to them. This meant that they felt comfortable to approach the manager on a daily basis if required to discuss people who lived at the home and or any concerns that they had. We saw that this was the case on the day of our inspection as staff were seen to have discussions with the registered manager. We also saw that the registered manager spent time with staff and people on the day.

A number of things contributed to ensure that people received consistent care and support. These included having handover sessions at the beginning and end of each shift, where each person's general wellbeing was discussed. There was a work plan for each shift so that staff knew what they were expected to do and staff were involved in the planning and development of the service people received. For example, we saw evidence that the registered manager and staff had discussions about people's care and support. This showed that the registered manager and staff had opportunities to focus upon what worked well for people and areas of identified improvements for the benefit of people who lived at the home.

The registered manager identified the number of staff needed to be working in the home across different parts of the day to meet people's needs and keep them safe. Our review of the staff rotas at different times showed that minimum staffing levels identified and planned for had been met. When we spoke with one member of staff they told us that there was usually enough staff to support people both with their needs, and with their chosen social activities.

There were systems in place for reviewing incidents to ensure appropriate actions had been taken to keep people safe. The registered manager reported important events that affected people's welfare, health and safety to the Care Quality Commission (CQC) and other appropriate bodies so that, where needed, action could be taken. This practice ensured people were not harmed as a result of unsafe care, treatment and support.

In addition to this audits had been undertaken to assess and monitor the quality of the service provided. These included audits of health and safety, medicines and care plans. This meant that the registered manager was able to analyse the quality of care and service that people had received and had taken action when required to make improvements.