

Croft Carehomes Limited

The Croft Care Home

Inspection report

17 Snydale Road
Normanton
West Yorkshire
WF6 1NT

Tel: 01924223453
Website: www.croftcaregroup.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The Croft Care Home is a residential care home that was providing personal care and accommodation to 17 people aged 65 and over at the time of the inspection, where one person was in hospital. The home has capacity for 29 people.

People's experience of using this service:

The registered manager had clearly continued the work of the management consultants in tackling concerns from the previous inspection. They had implemented and were embedding a robust quality assurance system which looked at all aspects of care delivery. We could see where concerns had been identified, swift action was taken to resolve issues.

Risk was better managed through improved assessment, however some information was contradictory and needed further analysis. Although nutritional assessments were more detailed not all staff were aware of them. Monitoring of food and fluid intake needed to be more robust.

People and staff felt there were not enough staff as they had to wait for staff to attend them. Staff spent too long on recording which took them away from care duties. Many records were completed retrospectively and relied on staff memory which meant there was a risk of inaccuracy. Recruitment procedures had improved.

There had been improvements to the environment but there was still more work needed to ensure consistency in all areas of the home. Privacy and dignity was better promoted but we saw some room doors still propped open and some people required more support and encouragement with personal care.

People said they felt safe and staff knew how to recognise and report safeguarding concerns. We found no issues with medication or infection control practice and saw evidence of lessons learnt from accidents and complaints. People's consent was sought at every intervention and we saw appropriate Deprivation of Liberty Safeguard authorisations were in place.

We saw staff had received supervision and training, and there was evidence of improved practice. Staff communication was better than during the last inspection, although still focused on tasks rather than engaging with people in the service. External health and social care support was requested as needed.

Care documentation had improved but there were areas of contradiction. Most reflected current need and had been completed in a timely manner.

We found a continued breach of Regulation 15 Health and Social Care Act (Regulated Activities) Regulations 2014 as premises were not always safe.

We have made recommendations to the provider regarding reviewing staffing levels, assisting people with complex dietary requirements, ensuring all consent is obtained and care practice is person-centred.

Rating at last inspection: Inadequate (Report published 4 December 2018). The service had breached 9 regulations of the Health and Social Care Act 2008 and we had undertaken some enforcement action.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of 8 regulations.

This service has been in Special Measures since October 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up:

The service will continue to be monitored in line with our inspection programme, and if information of concern is raised, this will be investigated.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Croft Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day.

What we did:

We reviewed information we had received since the last inspection in October 2018.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the information recorded on the PIR was evident during the inspection and everything stated was in place. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence

received by the Care Quality Commission.

We spoke with eleven people using the service and one visitor. We also spoke with two visiting health professionals. In addition, we spoke with five staff including members of the care and domestic staff, the activity co-ordinator and the registered manager.

We looked at four care records including risk assessments in depth, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

At our last inspection the provider had failed to ensure the safety and cleanliness of premises and equipment. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of Regulation 15.

- We noted there were still issues with hot water temperature in parts of the building but did see it was checked regularly. Where the checks identified an issue, it was not always clear what action had been taken to remedy the problem. We asked the registered manager to ensure follow up actions were noted. We also noted some fire doors were kept open by using armchairs.
- We found a window restrictor missing from an upstairs bathroom and the bathroom window downstairs had no handle to close it properly. Ends were still missing off light cord pulls.
- On arrival on the first day we found the kitchen door propped open with a door stop and burner alight on the gas hob with no pan. Knives on the wall remained accessible. The door was occasionally propped open during the inspection to manage the heat of the room but there was no risk assessment in place to manage this.

This is a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as premises were still not safe.

- People were encouraged to re-position themselves where able to do so independently to reduce the risk of pressure damage. However, one person remained in a wheelchair at the dining table for over three hours. During this time staff spoke with them but made no attempt to offer to move them into a more comfortable chair.
- One person was prone to rolling out of bed, but we saw the crash mat was in use and the bed lowered to minimise risk. The use of bed rails had been assessed as unsafe and there was continual dialogue with the district nursing team to ensure all actions had been taken which should have been. We found moving and handling risk assessments to be very detailed and provided necessary, person-specific guidance for staff including how to use the slings.

- People had personal emergency evacuation plans in place which were reviewed monthly or as needs changed. They provided detailed guidance for staff to follow.
- Staff were scheduled to attend fire training and undertook regular drills although not a full evacuation. The registered manager was aware of this and agreed to action one soon. The registered manager kept a tracker on who had completed a fire drill to ensure all staff had current knowledge.
- Equipment checks were conducted at least monthly and included all statutory checks such as Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 checks, when needed. These checks resulted in the removal and replacement of unsafe equipment.
- Where people had had accidents, we saw detailed records of the actual event, immediate and subsequent action taken and an analysis of whether there was anything could have been done differently.

Staffing and recruitment

At the last inspection the provider had failed to ensure adequate and competent staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- People told us there were still not enough staff as they often felt rushed when receiving support or it took time to staff to respond. One person said, "They might get me dressed when I'm sitting on the commode. There isn't time to do things slowly like I need." Another person told us, "They are always rushing around and don't have time to sit and chat." People said they sometimes had to wait for assistance with their continence needs.
- We observed staff focused on completing tasks rather than engaging with people. We observed they spent a significant amount of time completing records on the computer, over two hours in one instance. Staff told us they found it difficult to complete all caring tasks and then record in the system to reflect they had undertaken them. We spoke with the registered manager about this and they advised this had been noted previously and discussed in staff meetings. We saw evidence of this. They advised it was a cultural change which was in progress.
- The dependency tool used by the registered manager to determine staffing levels showed people's complexity of need had reduced since the last inspection. However, as only three staff were assigned to work in the morning this meant one member of the care staff was left managing medication and breakfasts alone until the chef arrived as the other two care staff were assisting people to get up. Although people were now getting up when they chose, we did see some people had to wait for attention. Staff felt more people needed two staff to support than was reflected on the dependency tool.
- We checked staff rotas and saw they matched the necessary staffing levels including activity cover over alternate weekends. Some staff did work seven or eight consecutive days and the registered manager agreed to look at this to allow for a better work-life balance.

We recommend the provider regularly reviews staffing levels and adapts them to people's changing needs.

- Recruitment checks were more robust than we found on the previous inspection. Where agency staff were used appropriate checks and an induction had taken place. The same agency staff were used to promote consistency. If concerns came out of the Disclosure and Barring checks these were fully addressed and risk assessed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to safeguard people effectively. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 13.

- People told us they felt safe. One person said, "There is always help on hand" and another told us, "There's nothing to be frightened of here."
- Staff were able to explain how they recognised potential signs of abuse and neglect, and what action they would take if they were concerned about someone. They all expressed confidence in the registered manager to act if needed.
- We saw incidents had been reported appropriately and investigated accordingly.

Using medicines safely

- We found medicines were administered and stored safely. PRN, or 'as required', medication had appropriate guidance in place for staff to follow and staff were expected to record the efficacy of such medication. The service had moved to an electronic system which restricted the closure of a record until all medication had been administered as prescribed.
- We conducted random stock checks of all medication and found all stocks tallied with records of administration. The registered manager said frequent stock checks were carried out where manual counts were added. Where there were discrepancies these were addressed promptly.
- Staff administering medication had their competency checked six monthly, and the registered manager was assessed by a manager from another of the provider's homes.

Preventing and controlling infection

- The home was cleaner than during the last inspection. The kitchen was in a better state with clean work surfaces. Seat cushions were missing from the quiet lounge and the registered manager advised these had been sent away for cleaning.
- We observed staff wore personal protective clothing where needed.

Learning lessons when things go wrong

- We saw evidence of quarterly analysis of complaints, safeguarding concerns and any accidents. This was detailed and transparent, ensuring all aspects of what may have gone wrong were considered.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

At the last inspection the provider had failed to ensure people's nutritional and hydration needs were met. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 14.

- Everyone we spoke with said the food was good and they had a choice. People also said they had access to snacks if they wished. We heard people being asked their choice of main meal and vegetable accompaniment. People's likes and dislikes were recorded in their nutritional plans including descriptions of different food consistencies.
- However, where people required a specialist diet not all staff were aware of this and we observed one staff member being stopped by a colleague as they were taking inappropriate food to one person which they had prepared themselves. The colleague was aware of the person's needs but the other staff member did not understand what the consistency of food needed to be. We spoke with the registered manager who promptly spoke with the staff member and offered further training. The person had capacity to realise the food was of an incorrect consistency.
- We checked this person's dietary record and found it stated the person needed to be observed while eating but staff were not following this guidance. We heard a staff member say the person could be left with the food and observed every 15 minutes. We checked which was correct with the registered manager who advised it was the latter advice as agreed in April 2019, but this information had not transferred onto the person's care record. However, other records had been updated following district nursing advice received in May 2019 and also another person's hospital stay over the weekend showing some key information was recorded well.
- Food and fluid totals were not always monitored effectively enough although no one was at immediate risk.

We recommend the provider protects people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health.

- We saw there was more information in the kitchen for the chefs to follow and this guidance was accurate. The registered manager advised pictorial menus to assist decisions were in progress as the menus had recently changed. There were typed menus on the dining tables.
- Staff were aware three people required support with eating and drinking, and we observed this support

being delivered.

- We saw further training for all staff had been arranged regarding healthy eating and diabetes, and the use of a nutritional screening tool.

Staff working with other agencies to provide consistent, effective, timely care

- Staff demonstrated improved communication with each other although this was still focused around the completion of tasks rather than identifying people's specific needs. Staff were allocated specific roles at the start of their shifts and senior care staff had duties which included checking staff understood their roles and all appointments which were due that day. This was an improvement from the previous inspection where the seniors did not know who was working.
- Handover notes provided limited information, but the care record system allowed for regular updates. Staff also said not all attended the handover and were expected to just start their shift.

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

- The home had been redecorated in areas but some of the furniture needed replacing due to in-built odours. Cushions were missing off the chairs in the quiet lounge which the registered manager advised were being cleaned. They were still missing on the second day. The dining room was multi-purpose as staff spent much of their time completing records on the dining tables.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had a good understanding of key guidance and legislation. They attended regional registered manager networks and accessed training from Skills for Care and other providers.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably skilled. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- People told us they felt staff were sufficiently knowledgeable.
- New staff had received an induction, shadowed some shifts and undertaken core training including safeguarding, health and safety, mental capacity, moving and handling, nutrition and fire safety.
- We also saw staff had received at least one supervision which was now scheduled three monthly. This showed discussions were open and offered staff support to develop their skills. Knowledge checks were an integral part of this meeting.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to obtain necessary consent. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw appropriate authorisations were in place for people whose liberty was restricted but the evidence to show conditions were being adhered to was not easy to see documented.
- People told us they were always offered choices and their agreement sought before any care intervention. One person said, "Yes, I can make my own decisions and choices. I have the freedom to be as independent as I can be," and another told us, "I can do more or less what I want here. Nobody will bully me into doing things I don't want to do."
- Staff demonstrated a better understanding of mental capacity but still needed further training around the significance of a DoLS being in place. Where people lacked capacity to make decisions we saw their needs had been assessed and best interest decisions undertaken. However, there was no evidence people had signed consent to agree to their doors remaining open while in their rooms. The registered manager agreed to action this.

We recommend the provider makes sure that people are involved in decisions about their care so that their human and legal rights are upheld.

Supporting people to live healthier lives, access healthcare services and support

- We saw people accessed GP and other health and social care services as needed. One person had been unwell over the weekend and the GP was called. Where people were at high risk of skin damage we saw appropriate pressure relief equipment in use as directed by the nursing team.
- We spoke with two visiting health professionals who said the environment had improved since the last inspection. They felt most staff knew people well and were able to share pertinent information. They also spoke positively of the registered manager.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 10.

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

- People described staff as friendly, caring and approachable. One person said, "They tell you what they are going to do; they never assume, and they don't talk down to you." Another person told us, "If I can't settle at night the carers will come in and see me. They help me settle down. They sense when I'm not feeling too good and they get me sorted."
- We observed positive interactions between people and staff. People responded well to staff who clearly knew them well. One person was using their zimmer frame to walk to the toilet and the care staff assisting said, "Race you!" which made the person smile, and proceeded to walk alongside the person to ensure they were safe.
- The registered manager advised people's cultural and specialist needs were determined at the pre-admission assessment. They told us no one had any religious needs who was living in the home at present.

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

- People said they were included in decisions about their care. One person said, "They ask me if I am okay or if I need anything?"

Respecting and promoting people's privacy, dignity and independence

- People described staff as respectful in their approach which was a significant improvement from the previous inspection. One person said, "Staff talk nicely to you and tell you if they can't answer anything." Another person told us, "They do encourage me to do things for myself. I have a zimmer frame and they encourage me to use it and get about."
- We did speak with the registered manager as we noticed some people needed further assistance with personal care and they agreed to follow up with staff.
- The registered manager had instigated a privacy and dignity audit based on the concerns from the previous inspection. This assessed whether staff had conversations privately where needed and knocked on people's doors before entering.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider had failed to ensure person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- People told us staff were so busy they had little time to chat with people. We observed people in their rooms had limited interaction, especially where they had limited verbal communication skills. Staff did complete regular checks.
- People told us they were able to make choices as to how they spent their day. We saw people got up when they chose. One person enjoyed their breakfast at 10.30am.
- The activity co-ordinator was a positive enhancement to the home and had written monthly newsletters outlining forthcoming activities. There was also a nice collection of photographs showing people's enjoyment in the different activities. People had access to regular exercise sessions. The home was planning craft activities for people to display at the next Open Day on 18 June 2019.
- We observed people in the lounge being asked if they would like their nails painting. People had played a game of bingo and were asked if they wished to watch a film. They were given a choice. The TV had not been on all morning as people had enjoyed listening to the radio. On the second day people were supported planting some seeds outside on the decking area.
- One person told us how much they enjoyed their trips to the local shops with the activity co-ordinator. The activity co-ordinator explained trips out were offered to the 'resident of the day' to ensure equity across the home.
- Staff told us they were allocated time to read care documentation. Staff understood the importance of recording people's refusal to undertake personal care and what action to take if this persisted. Care documentation was electronic and provided a good snapshot of people's needs and preferences, as well as detailed care plans for all care needs.
- We found a few records contained contradictory information such as saying a person could transfer independently yet was completely immobile, or they were independent with their continence needs but needed full support.
- Staff completed key information about daily living activities including food and drink intake and positional changes and checks for those people in their rooms. However, some of this information was recorded from memory by the staff member or in one instance, by them asking the person at 11.30am what they had had for breakfast earlier. We saw no reference to any other notes to ensure accuracy.
- Care documentation did not always evidence people's views and we spoke with the registered manager about ensuring people's own views were recorded.

We recommend the provider ensures technology used by staff promotes timely and responsive care and support and that people and their families are involved in developing their care, support and treatment plans.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise any concerns or issues. The complaints policy was on display and advised people how they could progress their complaint with external agencies including advocacy services if they were not satisfied with the outcome.
- We saw all complaints and concerns had been logged with details of any action taken. It was also recorded when the issue was resolved. Information was shared with the local authority where needed.
- Quarterly analysis of any trends identified any lessons to be learnt. We saw two issues had been noted regarding the poor management of people's possessions and staff culture, both of which were logged in the action plan.
- We saw the service had also received compliments and one noted, "The last two months had seen [name] receive the best care." Another stated, "Staff are lovely and can't do enough for you." These were shared with staff.

End of life care and support

- Staff told us they had received basic end of life care training and were able to explain how they supported people with oral care.
- People had end of life care plans in place where decisions had been agreed which gave practical guidance for staff to follow.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection the provider had failed to ensure appropriate oversight of the home. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had a detailed action plan which was forwarded to the lead inspector on a fortnightly basis to review progress. The quality assurance measures in place in the home informed this plan and we could see significant progress had been made. Where actions were still required, these were specified.
- The registered manager spoke candidly about the further challenges facing the home and was aware of what still needed to change. They were keen to ensure the current changes became embedded and then further developments could continue.
- The registered manager spoke with us about all the changes they had made since commencing working in the home in January 2019. Many of these were building on and embedding the systems set up by the management consultants who had taken over operational management of the home during the previous inspection. They had implemented regular timescales of checking completion of tasks and ensuring staff understood certain activities were non-negotiable. Daily walkarounds still continued and identified areas of poor practice which we saw were now addressed promptly.
- The registered manager told us they were supported in their role and the provider had been open about the previous issues at the home. They said the provider regularly visited and telephoned daily. The provider had also conducted bi-monthly visits completing reports of their visits. The alternate month was assessed by the management consultants who had been instrumental in turning the home around before the recruitment of the current registered manager. Their assessment was transparent and rigorous.
- A robust quality assurance programme had been implemented. A clear timetable stating what needed checking, who was responsible and whether the action had been completed was in place. This included monthly audits of care files, medication, weights, infection control practice and three-monthly audits of activities, accidents and incidents and complaints. This existed alongside environmental checks and staff file audits as detailed previously. The audits evidenced in-depth checks and challenged where there were gaps or issues. We also saw further training was offered to staff where this had been an identified need.
- The ratings from the previous inspection were displayed in the reception area of the home and on their website.

Continuous learning and improving care

- The registered manager showed they understood the importance of learning from events, and their analysis of recent issues demonstrated they were keen for the service to progress. They knew many of the processes needed embedding before further initiatives were planned due to the many issues the service had had.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they were happy at The Croft Care Home. One person said, "I am well looked after." One visitor told us, "I've noticed a difference in the care home recently. Staff are a bit better organised and the home looks a bit brighter." One person described the home as well run.
- People said there were regular resident meetings, but not everyone was aware of the outcomes of these. One person had requested more trips but felt this had not materialised. Another had mentioned the time taken for staff to respond sometimes. They felt nothing had changed.
- Incidents and accidents were reported in line with statutory requirements.

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

- One person said, "This place feels like my own home. I have my own room and freedom to be left alone when I want."
- The registered manager conducted monthly staff and resident meetings. As a result of the latter menus had been altered to better reflect people's preferences. There had been a conscious effort by the registered manager to improve communication at all levels and felt the effectiveness of this was in the reduced number of concerns being raised.
- The registered manager had implemented 'Resident of the Day' to encourage staff to ensure all documentation was accurate and the person had the choice of activity for that day.

Working in partnership with others

- We saw improved working with others in the local area, such as the activity co-ordinator was keen to further strengthen community links.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not always safe as safety measures were not all in place and the kitchen was left accessible to people at times.