

The Croft (RCH) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We inspected this service on 15 May 2018. The Croft (RCH) is a 'care home' registered to accommodate up to 21 people. 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. On the day of our inspection there were 17 people living at the service, including older people and adults living with a mental health condition.

Following our inspection in September 2016, where we identified concerns in respect of medicines management, quality assurance, recruitment and records we told the provider they must send us an action plan each month telling us what they were doing to ensure people received a safe and effective support which met their needs. The provider sent us monthly evidence. On our last inspection in March 2017 we found the provider had addressed these concerns and but these practices were not fully embedded into the service. Therefore, the service was rated Requires Improvement in Safe and Well-led domains and overall.

At this inspection we found the service remained Requires Improvement in Safe and Well-led domains and overall.

There was no registered manager in post. 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. The provider informed Care Quality Commission earlier this year that the registered manager left due to personal reasons and the service was managed in the interim by two acting managers who planned to register in due course.

At this inspection we found concerns about the records, the effectiveness of the quality assurance systems and the governance of the service. We identified that the provider's own medicines audits were not always effective as these failed to identify issues that we found. The provider's own quality assurance also did not identify concerns around water risk assessment and the lack of the records of the fire drills. We found some of the provider's policies still needed updating and that the staff did not always follow the provider's policy.

People's medicines were administered and stored securely. However, we found concerns regarding stock keeping and we identified there were no protocols surrounding 'as required' medicines. We also found there was not always evidence available that environmental risks were managed safely. For example, there was no evidence that regular fire drills took place. We also found there was no system in place to assess and manage potential risks relating to water safety. Following our inspection we asked the provider to take action to address these concerns. The provider promptly responded and advised they were going to review and implement a new water safety policy and risk assessment.

People told us they were safe. Staff knew how to report safeguarding concerns and they were confident any concerns would be followed up by the management promptly. People's care files contained individual risk

assessments surrounding people's well-being and individual conditions. Where people had been identified as at risk, management plans guided staff on how to keep the person safe and staff knew people's needs well. People were supported by sufficient numbers of staff and received support in an unhurried manner. Staff had ongoing training and told us they were well supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights to make their own decisions were respected.

People were assessed prior to coming to live at the service and staff knew people's needs well. People's care plans gave details of the level of support required, people's wishes and choices and demonstrated people's involvement in care planning process. People were supported to maintain good nutrition and access health professionals appropriately.

People were treated with dignity and respect by kind and compassionate staff. Staff had a good understanding of the needs of people and had developed meaningful, caring relationships with people. People were supported to be as independent as possible.

People had access to activities of their choice. Information on how to complain was available to people and the provider had a complaints policy in place.

Throughout our inspection there was a positive atmosphere at the service and people complimented the service and how it was run. There was a positive approach and responsiveness demonstrated by acting managers and the provider. They had a clear vision of achieving good outcomes for people. They acknowledged the improvements needed and were keen to address the concerns that we found.

The service worked in partnership with a number of external professionals and commissioners to ensure good outcomes for people. We received positive feedback from a professional who was very complimentary about personalised care and approach people had at the service. The provider had a whistle blowing policy in place that was available to staff. Staff were aware of the whistle blowing policy.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken in the full version of this report. We also reviewed the condition we imposed after our inspection in September 2016 when we told the provider they must send us an action plan each month telling us what they were doing to ensure the service was meeting the requirements. As this is the provider's third consecutive overall Requires Improvement rating a decision has been made to keep this condition in place so the progress of making the necessary improvements around safety and governance of the service can continue to be closely monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People received medicines safely, however, we found concerns around stock control and the lack of protocols for 'as required' medicine.

The systems to manage risks relating to legionella disease needed improving.

People told us they were safe at the service.

Individual risks to people's well-being were assessed and management plans were in place.

Is the service effective?

Good 

The service was effective.

People's rights to make their own decisions were respected.

People were supported to access healthcare services when needed.

People were supported to meet their nutritional needs.

Is the service caring?

Good 

The service was caring.

People were cared for by kind and compassionate staff.

People were able to build meaningful caring relationships with staff.

People's dignity, privacy and independence were maintained and promoted.

Is the service responsive?

Good 

The service was responsive.

People received care and support that met people's needs.

People had access to activities of their individual choice.

There was a complaints policy in place and people knew how to raise concerns.

Is the service well-led?

The service was not always well-led.

The provider's quality assurance systems were not fully effective and we found the provider's governance systems and records needed improving.

There was a positive approach and responsiveness demonstrated from the management team.

People felt listened to.

Requires Improvement 

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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 and to look at the overall quality of the service.

This inspection took place on 15 May 2018 and was unannounced. The inspection team consisted of two 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Throughout our inspection we spent time observing care at the service and we spoke to seven people. We also spoke with both acting managers, the nominated individual, one carer, one senior carer, one housekeeper, the laundry assistant and the chef.

We looked at records, which included three people's care records and medicine administration records (MAR). We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

On our last inspection in March 2017 we found concerns around stock control of medicines and we identified there was no individual guidance specific to the person as to when 'as required' medicine should be administered. On this inspection we found similar concerns. We checked the medicines stock for three different medicines and found these were not correct. We also found where people had been prescribed PRN medicines the written protocols for these were not in place. Additionally staff did not always record variable dose (when the prescription stated 'one or two tablets to be given') and there was not always evidence available that 'when required' medicines were offered to people.

People told us how staff supported them with taking their medicines. One person said, "I get my medication when I should, it is kept in the medication room". Medicines were stored in a designated, secure room and as per manufacturers' guidance. This included medicines requiring cold storage. We observed staff administering the medicines and they followed good practice guidance.

We also identified the environmental risks were not always managed. For example, there was no evidence that regular fire drills took place. We also found there was no system in place to assess and manage potential risks relating to Legionella disease. Legionella disease is a severe form of pneumonia caused by Legionella bacteria is found naturally in fresh water. It can contaminate hot water tanks, hot tubs, and cooling towers of large air conditioners. There were no Legionella risk assessments or risk management plans in place. Following our inspection we asked the provider to take action to address these concerns.

These concerns were a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks to people's personal safety and well-being had been assessed and staff were aware of these. People's care files contained plans on how to manage any risks. This included mobility, nutrition, skin integrity, manual handling or individual risks surrounding a specific condition. For example, one person had been assessed as needing two staff to support them with double handed hoisting for all transfers. This person's care plan specified that two staff were needed and the size of the sling required. We observed this person and saw they had been transferred using a hoist and had a specialist in-chair sling in use that reduced the need of moving person in the armchair.

In their Provider's Information Return (PIR) the provider said they successfully worked with some of the more high risk complex needs individuals including people with self-harming history and people who had been on inpatient units for some years. The team at the service successfully re-enabled two people to return to independent living and contributed to the reduction incidents of repeated self-harming reducing them to almost nil. We spoke with one person who told us how their mental health and well-being significantly improved since their admission to the service. The person told us, "[Staff] helped me a lot, knowing I got support and understanding [from them]".

The team at the service ensured people were able to carry out activities of their choice, which could carry a

risk. For example, one person was assessed as needing one to one care, this person wished to go to town and it was agreed a staff member will accompany the person. This meant the person could continue the activity of their choice and what they enjoyed without placing themselves or others at risk.

People told us that they felt safe at the service. Comments from people included, "I feel safe here because the staff and residents are lovely", "I feel safe" and "I feel very safe here, no problems from other residents. I have never lost anything my possessions are safe". The provider had safeguarding policies in place and staff were aware how to raise any safeguarding concerns including how to report to external bodies if needed.

There were enough staff to keep people safe. On the day of our inspection we observed people were assisted promptly and without a delay. One person said, "The staff have time for me I am not rushed". People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

The provider ensured emergency evacuation procedures were in place. People had personalised evacuation emergency plans in place and these gave details of support and equipment people needed to leave the building if an emergency situation occurred. These plans were stored near the fire panel so these were easily accessible in an emergency.

People were protected from risk of infections as staff adhered to infection control procedures. We saw staff followed good hygiene practice and used protective equipment such as gloves. There were hands washing instructions displayed on the walls in both bathrooms. People said the environment was kept clean. Comments from people included, "It is very clean here they are always cleaning" and "The place is very clean indeed".

The provider had systems to record accidents and incidents and appropriate action had been taken where necessary. For example, additional support from a health professional was sought. The team ensured they identified when things could be improved and used these instances as a learning opportunity. For example, they had identified they would benefit from a bigger medicines room in which they could sustain the required temperature. We saw the new medicine room was more spacious so the trolleys, files and fridges could be all accommodated and the records showed the correct temperature was being maintained.

Is the service effective?

Our findings

People's rights to make their own decisions were respected. One person said, "The staff do ask my consent they don't just force me". Another person said, "I am in charge". 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. The provider's systems and documentation supported this principle.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw one person's file contained the relevant documentation reflecting the person's capacity was assessed upon their admission and they went from being under Court of Protection to the least restrictive option considered under DoLS principles. This meant the person was assessed as needing one to one support when leaving the building. One the day of our inspection we saw the person going out with staff.

Staff were aware of MCA principles and told us how they used it their day to day work. One staff member told us, "You've got to take to account person centred approach, offer choices if needed, make it easier [for people to make a choice], working on assumption people have got capacity. Making [unlawful] decisions for people is abuse".

People told us the staff knew their needs well and were well trained. One person said, "The staff are well trained". One external professional said, "Yes, the staff seem to bring out the best in the service users". Staff training was ongoing and the acting managers were in a process of updating the training matrix. The provider's service improvement plan reflected there was ongoing work to ensure staff training was up to date, a number of staff were in a process of completing their diplomas in Health and Social care. Staff told us they had good training and felt supported. Comments from staff included, "I'd think training and on role shadowing will prepare staff well for the role".

People were supported to meet their nutritional needs and complimented the food. One person said, "The food is nice and fresh and there is a choice, if I needed help eating the staff are available". Another person told us, "The food is very nice here and there is a choice. I can get cold drinks and coffee anytime even at night". The acting managers were in a process of reviewing how they recorded people's food and fluid intake. They recognised the current forms did not always give the full information and they introduced and trialled a new form. Following our inspection we were informed the senior team worked with professionals and reviewed all people that needed their food being monitored. The kitchen staff were aware of people's dietary needs, likes and preferences.

People were supported to access health professionals when needed. People told us about support they had in accessing health services. One person said, "If I needed to visit a GP or a dentist they would take me".

People's care files reflected that plenty of professionals were involved in planning, assessing and reviewing people's care. We had very positive feedback from one external professional. They said, "They [staff] always support them [people] to attend appointments outside of the home. They also use initiative, I ran blood monitoring clinic and collaboratively we agreed it would be better for service users and better use of staff's time if I brought it to them. So [staff] and I worked out together what this would entail. [Staff] made a room available with a sink, soap and towels. The service users previously had to wait at medical centre for up to 45 mins to see me. It is a more relaxed environment seeing them in their own home. And I get coffee and biscuits. Since I have been going there communication has improved and I feel like part of the team when I go to The Croft".

People benefitted from a warm, homely environment that included ample comfortable seating around communal areas. There were handrails in various walkways to aid people's mobility. There was a sunny, secure, outside patio area with wooden tables, benches and sun umbrellas. People could personalise their rooms and families and friends were able to visit people unrestricted. The provider's action plan reflected there was an ongoing work to upgrade the décor at the service.

The team ensured people's needs were assessed prior to admission to the service. The staff told us they would always obtain a copy of the assessment from the commissioners and carry out their own assessment to make sure people's needs can be met. There was evidence people were involved in the assessment process. One person told us how they were able to visit the service for a day long visits before moving in. The person told us The Croft, "Felt homely" and that they felt, while at the service, as, "Part of family". This staggered admission was over eight weeks and the person said it was, "Helpful to have staggered admission, [to] deal with the transition [better]".

Is the service caring?

Our findings

Feedback from people showed staff were kind and caring. Comments included, "The staff are very respectful and kind to me" and "The staff are very nice here and have time for me".

There was evidence that the staff demonstrated caring nature and they said they liked working at The Croft. For example, one staff member said, "Love it here". Another staff member said, "I love it, favourite job I've ever had, feels like giving back". There was a poster in the dining area that read 'we are all family' and 'together we make a team'. There were motivational quotes on the wall in the dining room that people chose.

Staff were caring, patient and knew how to support people in a way that supported their emotional needs. We saw people had a session on mindfulness in the afternoon, people had mindfulness cards with positive affirmation statements to help them to relax and gather positive thoughts. One person said, "It's good". One external professional told us how the team positively impacted on one person's mental health well-being. They said, "The home does not feel institutionalised. I have a service user there who likes to walk to manage their anxieties. They [staff] have been really flexible allowing [person] to go out all hours so freely that [person] has reduced their walking to 30mins a day - from 6 hours a day".

Staff encouraged people to do as much as possible for themselves so their independence was promoted. One person said, "I do feel I am independent they [staff] encourage me a lot". Another person said, "They encourage me to look after my things and my room". Staff showed us they implemented a system of plastic boxes outside the laundry room and encouraged people to collect their own laundry to aid their sense of control and independence.

There was a number of older people and adults living with mental health condition at the home. We spoke with one of the younger adults about how they found sharing the accommodation with older generation. The person told us, "Older people inspire me, I want to work in social care. I love chatting with them". This meant the generation mix had a positive impact on people's well-being and their sense of purpose.

People told us their privacy and dignity was respected. Comments included, "The staff are caring, always listen to my needs", "There are no problems they treat me with respect" and "The staff treat me with respect and I see them treat others the same way". Staff spoke about people with respect and people's care plans were written using respectful language. People's confidentiality was respected.

The provider promoted equality and diversity and had policies surrounding these in place. The policy said, 'service users have the right to live in an environment free from prejudice and discrimination'. There was also a policy on sexuality that highlighted the importance of people's rights to engage in intimate activity. It was apparent the staff and people respected people's age and therefore their various needs linked to the generation and sharing the same accommodation was mutually beneficial for people.

The team ensured people's needs in terms of providing accessible information were met. Staff knew about

people's individual communication needs. One person said, "I have sight problems and they are very kind to me". People's care plans described their communication needs and how to best support people to express their wishes effectively.

Is the service responsive?

Our findings

The senior team worked to rewrite people's care plans to a new format that was more detailed and user friendly. The care plans we viewed were recent, up to date and contained information about people's physical and emotional needs. There was evidence the care plans were written with people's involvement. For example, one person's care plan said, 'I tend to go out with staff'. A member of staff told us, "Care plan is written in person's words so they [the person] are comfortable reading it".

People told us they received support that met their needs. One person said, "Staff helped me to do functional skills, I might get work in a local charity shop". One external professional said, "They are innovative. I undertook a cognitive assessment and fed back to [staff] that the service user was not aware of the day or date, or current affairs, who the prime minister, president etc. was and [staff] started coming up with ideas to display the date and time, look at newspaper with the person etc. We spoke about some service users reaching their potential and they came up with ideas to help them develop skills of daily living".

There was a choice of activities provided according to people's choices and preferences. People complimented the activities. Comments from people included, "I go out with a member of staff, she takes me out to the shops", "There are activities all the time and we are taken out by staff" and "I like activities, I like to sing along with the man when he plays the guitar".

On the day of our inspection we observed a manicure being done; staff went out to town with people and people sat and enjoyed conversations. Other activities on offer included, games, library, scrabble and one to one sessions. One external professional said, "They have to support people with a variety of needs and are flexible in the level of input they provide. I have one service user who they take out for a crab sandwich. Another they have organised horse riding lessons with. Another - they facilitate her seeing her family. When I compare this to another similar home who put on events or trips for everyone it feels so much more personalised".

People knew how to make a complaint and the provider's complaints policy was available. People told us they had confidence in raising any concerns with staff. Comments from people included, "The staff are there for me, any problems and I can go to them", "If I had a problem I would talk to the [acting] manager". None of the people we spoke with needed to make a complaint. There were no complaints recorded as received since our last inspection.

On the day of our inspection no people received end of life support. People's care plans gave details of people's end of life wishes and their resuscitation status. If required the service would work with health professionals to ensure people are supported to have a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

On our last inspection in March 2017 we found the provider worked to make the necessary improvements as identified during the inspection carried out in September 2016 where we identified a number of concerns. These related to medicines management, quality assurance, recruitment and records. The provider worked to embed the improvements in practice. At this inspection we found further concerns about the records, the effectiveness of the quality assurance systems and the governance of the service.

There was no registered manager in post. 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. The provider informed Care Quality Commission earlier this year the registered manager left due to personal reasons and the service was managed in the interim by two acting managers who planned to register in due course.

We found the provider's own quality assurance audits were not always effective. For example, we saw a copy of the 'monthly audit' for April that stated, 'medication – weekly audits completed, no concerns'. This meant the audit was not effective as it failed to identify issues around the lack of PRN protocols and stock control that we found. We asked the staff what checks were involved in their audits. A member of staff said, "We check one medicine for one person three times a week, we're doing small audit, not a full one". The provider's own quality assurance did not also identify concerns around water risk assessment and the lack or the records of the fire drills until we found these on our inspection.

The provider told us they had implemented a set of new policies last year. We found some of the policies still needed updating. For example, the complaints policy still gave the details of the former registered manager that left in January. The provider's medicines policy did not include the management of stock when people went for a social leave which staff felt was partially the reason for the stock discrepancies found. The provider's medicine policy stated staff needed to 'account for all the medicines immediately after administration, by confirming the administration on the MARs. Ensure that correct code is used for taken, not taken, spilled etc.' We however found staff did not follow this guidance as we observed where people had been prescribed 'as required' (PRN) medicines there were no entries on people's MARs. We raised with the acting manager that by having no entry at all on MARs there was no evidence the medicine was offered to the person. The acting manager said, 'True'.

We also found concerns around records, for example, although staff told us they were well supported there was no written evidence available that staff supervision took place. This was despite the provider's own policy stating 'written record of the session will be recorded in the supervisee's file'. One staff member said, "We didn't quite know we needed to do them [formal supervision], support informal [in place] but not always recorded". Another staff member told us, "Last time we did them [formal supervision] was before Christmas". The director was open and honest and told us, "We've fallen behind with recording supervision".

These concerns were a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout our inspection we found there was a positive atmosphere at the service. We observed that the staff and management got on very well together and there was a lot of positive banter between the people and the team at the service. People complimented the service and how it was run. Comments included, "The atmosphere here is very good as is the management, this home is well run", "The atmosphere is good here, the staff are cheerful" and "I do think the home is well managed". One external professional said, "Yes, [acting manager] is particularly approachable and informative with updates about service users. Good communication through phone, email and face to face. I can trust her to act on information".

There was a positive approach and responsiveness demonstrated by acting managers and the provider. Both acting managers had been working at the home for 8 years and they were familiar with the people and their needs. They however recognised being new to their roles had its challenges. They recognised they had different strengths and had a clear vision of achieving good outcomes for people. They acknowledged the improvements needed and were keen to immediately address the concerns that we found.

The provider ensured people were involved and felt listened to. One person said, "The management always listen and help me". The acting managers told us they also planned to implement regular staff meetings and record the minutes.

The service worked in partnership with a number of external professionals and commissioners. The local authority's quality team supported the service by carrying out independent audits to encourage improvements.

The provider had a whistle blowing policy in place that was available to staff. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they had any concerns. Staff were confident the management team would support the escalation of any safeguarding issues.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure safe medicines management and the safety of people. Reg 12(2)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always maintain accurate and complete records in relation to carrying out the regulated activity and did not ensure their quality assurance processes remained effective. Reg 17(2)(b)(c)(f)