Mr. Sandeep Phull

Croft House Rest Home

Inspection report

26 Kirkham Road
Freckleton
Preston
Lancashire
PR4 1HT

Tel: 01772633981

Date of inspection visit:
15 October 2018

Date of publication:
14 November 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Croft House Rest Home was inspected on the 15 October 2018 and the inspection was unannounced.

Croft House Rest Home 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.

Croft House Rest Home can accommodate up to 22 older people. The home is in the centre of Freckleton village, close to shops, a library and public transport. Bedroom accommodation is situated over two floors and there is a stair lift. There are twenty single rooms and one double bedroom. All have a washbasin. There are three lounges plus a conservatory used for dining. The garden includes a patio, with tables and seating.

At our last inspection in November and December 2017 the service was rated as 'Requires improvement.' We identified a breach of Regulation 18 of the Health and Social Act Care Act 2008 (Regulated Activities) 2014 as staff were not always available to meet people's needs. We also identified that people were not always lawfully deprived of their liberty. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, we found the registered provider had not always ensured that the premises were safe and were used in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audit systems had not identified the areas of concerns noted by us during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took regulatory action and served requirement notices for these breaches in regulation. We asked the registered provider to take action to make improvements to the areas we identified. The registered provider sent us an action plan which indicated improvements would be completed by February 2018.

Following the last inspection, we met with the registered manager to confirm what they would do and by when to improve the key questions safe, effective, caring and well-led to at least good.

At this inspection in October 2018, we found improvements had been made. We found people were lawfully deprived of their liberty and staff were available to meet people's needs. We saw the building was secure and refurbishment had taken place, with new flooring installed. We found fire doors were shut and chemicals were stored securely. Audits were carried out to ensure improvements required were identified.

We found documentation in respect of people's end of life wishes was not always detailed. We have made a recommendation regarding this.

At the time of the inspection visit there was a manager in place who was registered with the Care Quality Commission. 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 registered manager sought feedback from people who received support and meetings were held with them so they could express their views.

Recruitment checks were carried out to ensure suitable people were employed to work at the service and training was provided to enable staff to maintain and increase their skills and knowledge.

Care records contained information regarding risks and guidance for staff on how risks were to be managed.

People told us they were supported to access medical advice from external healthcare professionals and their healthcare needs were met. Documentation we viewed confirmed this. People and relatives told us they were happy with the care at support provided by Croft House Rest Home.

People told us they were happy with the meals provided and they had a choice of meals. We saw documentation which showed people were referred to dieticians if this was required.

Staff we spoke with knew the needs and wishes of people at the service. Staff spoke respectfully of the people they supported and said they cared about them and their wellbeing. We observed person centred and caring interactions between people who received support and staff. People told us they felt respected and valued.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be and they were asked to consent to their care.

Staff we spoke with were able to describe the help and support people required to maintain their safety and promote their independence and people who received support told us they felt safe.

Staff told us they were committed to protecting people at the service from abuse and would raise any concerns with the registered manager or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure available at the service. People we spoke with told us they had no complaints, but they if they did these would be raised to the registered manager or staff.

People and relatives, we spoke with told us they were happy with the staffing arrangements at the service. People told us they received care and support at the times they agreed and they were not rushed or hurried in any way. Staff we spoke with told us they had the time to support people in a calm and relaxed way.

People told us they were supported to maintain their hobbies and interests if this was part of their assessed and funded needs.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager told us they were committed to improving the service they provided and they

wanted people to be happy at Croft House Rest home and receive high quality care.

The registered manager spoke highly of the staff and praised them for the way they supported people and worked as a team. Staff told us they felt supported by the registered manager and the registered manager worked closely with them to achieve the best outcomes for people who received support.

The registered manager told us they placed people at the centre of their care and supported professional relationships between staff and external health professionals. Relatives we spoke with told us they could speak with the registered manager if they wished to do so and they found the registered manager approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe.

Medicines were managed safely.

People told us they felt safe and we saw assessments were carried out to identify and control risk.

Staff knew the action to take if they suspected people were at risk of harm or abuse.

Recruitment checks were carried out prior to staff starting work at the service and people told us they were happy with the availability of staff.

Is the service effective?

Good

The service was Effective.

People's nutritional needs were monitored and referrals were made to other health professionals if the need was identified.

Staff told us and we saw documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required.

Is the service caring?

Good

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

Peoples privacy and dignity was protected.

Staff told us they had received training in equality and diversity and they respected people's right to live an individual life.

Is the service responsive?

Good

The service was Responsive.

Documentation about people's end of life wishes would benefit from further information.

Activities were provided for people to take part in if they wished to do so.

Staff sought advice from medical professionals in response to peoples changing needs.

There was a complaints procedure in place. People and relatives we spoke with told us they had no complaints.

Is the service well-led?

Good

The service was Well-led.

A series of checks were carried out to identify where improvements were required.

Staff told us they were supported by the registered manager, and they understood their roles and responsibilities.

People and relatives told us they could approach the registered manager if they wished to do so.

Croft House Rest Home

Detailed findings

Background to this inspection

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

The inspection visit took place on the 15 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of the inspection there were 20 people receiving support.

Before our inspection on 15 October 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. In addition, we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with four people who received support and three relatives. We did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was as people could communicate their views on the service to us.

We also spoke with the registered manager, two deputy managers and a care staff. In addition, we spoke with the cook and the activities co-ordinator. During the inspection we also spoke with a visiting health professional to ascertain their views on the service provided.

We looked at care records of four people who received support from Croft House Rest Home. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of a recently recruited member of staff. We looked at records relating to the management of the service. We viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Good

Is the service safe?

Our findings

At the last inspection carried out in November and December 2017 we found the home was not always secure and the environment was not always safe. At this inspection in October 2018, we found improvements had been made.

We found chemicals were stored securely and fire doors were closed to minimise the risk and spread of fire. New flooring had been installed which provided a safe surface for people to walk on. We noted doors to the outside were secure and windows on the ground floor were restricted to help prevent illicit entry from unauthorised persons. In addition, signage was displayed inside the home to help people identify key areas within Croft House Rest Home. The improvements helped ensure people lived in a safe and familiar environment.

At the last inspection carried out in November and December 2017 we found staffing was not always sufficient to meet people's needs. At this inspection in October 2018, we found improvements had been made.

The registered manager had reviewed the staffing arrangements at the home and additional staff were provided at busy times. This meant people could be supported at the times they needed help. People told us they didn't have to wait for help if they needed it and they were not rushed in any way. One person told us they considered the staffing arrangements had improved. They told us, "I just call and now they come to me - really quickly as well." A further person said, "Someone always comes, no delay." A third person commented, "No one hurries me up, I can take my time." Staff we spoke with also echoed the positive feedback we had received from people who lived at the home. Staff told us they felt they had enough time to support people and they were able to respond to people quickly. One staff member said, "There are enough staff." During the inspection we observed call bells being answered and people being supported when they needed help. Relatives we spoke with voiced no concerns with the staffing arrangements in place.

People who received support told us they comfortable and safe in the presence of staff. One person commented, "I've known them for years. I trust them all." A further person said, "Oh yes, I'm safe." Relatives we spoke with told us they had no concerns with the safety of their family members.

During this inspection we checked to see if medicines were managed safely. We observed care staff administered medicines in a safe way. We noted the staff member was diligent in their duties and were not disturbed by other staff when medicines were being administered. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and found these were completed correctly. We checked the stock of five medicines and noted the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw there was appropriate storage to ensure medicines were stored safely.

Care records we viewed identified risk and documented the support people required to maintain their

safety. For example, we saw care records instructed staff in the help people required to mobilise. There were instructions within the care records to guide staff on how risk could be minimised.

We looked at the recruitment records of the most recently recruited staff member. We found a DBS (Disclosure and Barring Service) check had been carried out prior to them starting work at the service. Appropriate references had been obtained, one of which was from the staff members last employer and a documented employment history was obtained from the prospective employee. These checks helped ensure only suitable people were employed to work at the service.

We looked at how accidents and incidents were being managed at the service. Staff told us and we saw accident forms were completed. The registered manager told us these were reviewed by them to monitor for trends, patterns and lessons learned. For example, it had been identified that one person was prone to falling. We saw action had been taken to minimise the risk of falls. The person had agreed to move to a downstairs room and as a result the incidents of falling had decreased. This demonstrated the registered manager sought to reduce risks.

Staff told us they were committed to protecting people from abuse. One staff member said if they were concerned that people were at risk from harm or abuse they would take action. They said, "I'd report anything that placed a resident or others at risk to keep them safe." Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or neglect to ensure people were protected. Staff told us the number for the safeguarding authorities was available in the office. This meant concerns could be reported to allow further investigations to be carried out, if required.

A fire risk assessment had been carried out and this was in the process of being reviewed. Equipment was available enable safe evacuation if this was required. Each person had a personal emergency evacuation plan which described the help they would require in the event of an emergency. Staff we spoke with were knowledgeable of the support people required.

We walked around the home and found it was warm and visibly clean. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Water temperatures were monitored to reduce the risks of scalds and personal protective equipment was provided to help minimise the risk and spread of infection. In one bathroom we noted the radiator was not covered. The registered manager told us they would attend to this with urgency to ensure the risk of scalding was minimised. Prior to the inspection concluding, the registered manager informed us the radiator had been covered.

Good

Is the service effective?

Our findings

At the last inspection carried out in November and December 2017 we found people were not always lawfully deprived of their liberty. At this inspection in October 2018 we found improvements had been made.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found if restrictions were in place to support people's safety these were lawful. We saw documentation which evidenced people's mental capacity was assessed. If people could not consent to their care, applications to deprive people of their liberty were made to the Lancashire Local Authority. In addition, the deputy manager reviewed the applications monthly and contacted the Lancashire Local Authority to check if these had been progressed. This helped ensure people's rights were upheld and protected.

People who received support told us they were involved in decision making and discussions about their care. One person said, "They always ask if I agree first." Records we viewed confirmed people were consulted and we saw numerous examples of this during the inspection. For example, we saw people were asked if they consented to receiving their prescribed medicines, to support to mobilise and to joining in activities. This demonstrated people were asked to consent to aspects of their care.

Staff told us and we saw documentation which confirmed, they had received appraisals to discuss their performance and set goals for the coming year. Staff told us as well as meeting the registered manager to complete their appraisal, they also received supervisions with their line manager. They said the meetings enabled them to discuss their performance, any concerns and any training needs. We saw documentation which confirmed this. Staff told us they had completed both e-learning and practical training and they were reminded of the need to attend training activities. We discussed the training with the registered manager who told us staff had received training in key areas such as safeguarding, fire safety, the Mental Capacity Act 2005, moving and handling and first aid. This was refreshed regularly. We viewed a staff training matrix and saw this recorded the training people had attended. This demonstrated staff received supervision, appraisals and training to maintain and develop their skills.

People who received support told us they were happy with the care provided. One person commented, "The care is good." A further person said their care was, "Excellent." Relatives we spoke with told us they were happy with the care and support their family members received. One relative described the care as, "Good."

A further relative described the care as, "Good to excellent." We spoke with a visiting health professional who raised no concerns with the service provided.

People told us they received support to gain professional medical advice if this was required and documentation we viewed confirmed this. For example, we saw people were referred to dieticians and doctors if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff could explain the support a person needed in relation to their dietary needs. This demonstrated staff were aware of professional advice.

We asked the registered manager what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told copies of essential information such as medicine records and information sheet with contact details of other health professionals and person-centred information was provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they were registered with professional websites to receive best practice information and guidance. The registered manager told us they found this helpful and they reviewed information to identify if they needed to act. They explained they would share information through staff meetings, discussions with staff and supervisions. This demonstrated the registered manager sought to gain and implement best practice information.

The registered manager told us they used technology if this was appropriate. They explained they had installed a new call system to enable people to summon help. This could be audited to identify busy times at the home and how long people had to wait for support. The registered manager told us the system was still very new, but they were planning to start auditing the calls made to inform their staffing levels and gain an understanding of people's experiences at the home. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

People told us they liked the meals at Croft House Rest Home. We were told, "The food's great, all cooked fresh." And, "The foods gorgeous. I always get a choice." One person told us they liked having bacon sandwiches for breakfast and these were provided for them. They said, "Bacon butties, I love them." We found a menu was in place and people were offered drinks and snacks in between meals. We observed the lunchtime meal and saw people could sit where they chose and food was served promptly. Lunch was a social event and we saw people laughing and chatting as they ate. Care records we reviewed showed people's nutritional needs were assessed. For example, we saw one person required a specific product in their drink to enable them to drink safely. Staff we spoke with were able to explain the person's needs and during the inspection we saw their drinks were prepared as required. This showed peoples nutritional needs were taken into account when planning care.

Good

Is the service caring?

Our findings

At the last inspection carried out in November and December 2017 we found people's privacy was not always protected as records containing people's personal details were left unattended. During this inspection in October 2018 we found improvements had been made.

We found records containing sensitive and personal information were stored securely. Care records were stored in a locked office and access was restricted to staff who provided care and support. This meant people's privacy and dignity was respected.

We walked around the home and saw notice boards did not contain private information and there were privacy locks fitted to bathroom doors. During the inspection we saw staff spoke quietly and discreetly if they needed to discuss a person's care needs and people we spoke with told us their privacy and dignity were upheld. One person described the help they received to bathe, they told us, "They couldn't do more to respect me." A further person told us, "They shut doors and curtains, you know. To keep me private." During the inspection we saw staff took care to knock on doors and wait for a response before entering people's private rooms. This demonstrated people's privacy and dignity was upheld.

People told us staff were caring and they had positive relationships with the staff who supported them. One person who received support told us they had been ill and described their experience. They said, "Do you know, when I was ill they sat with me and held my hand because I didn't want to be alone." A further person said staff offered him comfort and support when they needed it. They told us, "The girls are amazing, so dedicated and caring." Relatives voiced no concerns regarding the approach of staff. One relative commented on staff approach and said, "Staff are five star." A further relative said, "They're always caring."

Staff spoke caringly and respectfully of people who received support. One staff member told us, "It's a pleasure to come to work, it really is. It's a privilege to care for people." A further staff member told us, "We're here to care for the residents. I'm proud when I finish my day and people here are happy."

We saw staff were caring. We saw staff sat with people and chatted about things that interested people that lived at the home. For example, we saw staff and people who lived at the home had a conversation about the local area and how it had changed. We also observed a staff member giving a person a hug. The person responded by hugging the staff member back. We also noted a person was having difficulty arranging their clothing, the staff member offered support and this was accepted by the person. The conversation was gentle in nature and the staff member explained to the person they wanted them to be comfortable. This demonstrated staff had a caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of Croft House Rest Home if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager so people's rights could be upheld. One staff member said, "We respect every bodies wishes. Who are we to pass comment." We saw care records documented people's chosen faith and the registered manager told us if people had faith or cultural needs, support for them could be accessed to maintain these.

Good

Is the service responsive?

Our findings

People who lived at the home told us they felt care provided met their individual needs. Comments we received included, "The staff know what to do and when." And, "They know me well."

Care records reflected that people who lived at the home could discuss their end of life care. We noted the information was basic and was not always informative regarding the details of peoples end of life wishes. The deputy manager told us they were aware of this and were looking to improve this area.

We recommend the service seeks and implements best practice guidance in relation to exploring and documenting people's end of life wishes.

We found people were supported by staff who were responsive to their needs. For example, we saw documentation which showed a person had been referred to a specialist medical team for support with their mobility. Documentation contained the health professional's instructions and staff we spoke with could explain the person's needs. In another person's care record, we noted a referral had been made to an external health professional as the person had lost weight. Staff we spoke with could describe how they had supported the person and as a result the person had gained weight. This demonstrated staff monitored and responded to people's changing needs.

People told us they were offered the opportunity to be involved in their care planning. One person told us how they been involved in this. They said, "I did it with staff." Documentation we viewed confirmed people were involved in their care planning and relatives we spoke with confirmed they were involved in their family members care.

Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or nutritional needs. Care records also contained information from other health professionals. This helped ensure staff were aware of people's changing needs.

We found an activities programme was displayed in Croft House Rest Home. There was an activities co-ordinator employed to support the interests of people who lived at the home. During the inspection we observed people being supported to play a pre-arranged activity of dominoes in the morning and a quiz in the afternoon. We saw staff reminded people that the activities were taking place and supported them to attend if this was their wish.

During the game of dominoes, we saw people were encouraged to show their skills. For example, a person at the home showed staff and other people how to play an alternative game of dominoes. We saw the group was engaged in the activity and people were smiling and joking. People also told us they enjoyed the activities provided. One person said, "They have darts, games, quizzes, art. I do a bit of what I want." A further person said, "I play dominoes, do the exercises to music and take part in what I want." This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We saw people's care records contained person centred information on people's individual communication needs and the registered manager told us they would provide information in different formats if this was required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered.

Croft House Rest Home had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. All the people and relatives we spoke with told us they had no complaints but they would raise these with staff or the registered manager if they had. A person who lived at the home commented, "No complaints, only compliments."

Good

Is the service well-led?

Our findings

During the last inspection in November and December 2017 we noted the audit system at the home had not identified the breaches of regulation and areas of improvement needed. For example, the audit system had not identified that additional staff were required to support people's needs and documentation was not stored securely. At this inspection in October 2018 we found improvements had been made.

The registered manager explained they now employed an external consultant to support with the completion of audits. We found audit systems noted where improvements were required. For example, we saw an audit which recorded a footrest was missing from a wheelchair. We viewed the next audit carried out and the audit recorded the foot rest was in place. Audits were also carried out on the environment, medicines and accidents and incidents. The registered manager also sought feedback from people who lived at the home and their relatives. We saw surveys were provided and these had actions carried out recorded on them. For example, we saw feedback regarding the provision of activities at the home. The registered manager explained they had spoken with people and relatives regarding this, and had documented the response given on the survey. In addition, the registered manager held meetings for people who lived at Croft House Rest Home. They explained they wanted to enable people to express their views. We viewed minutes of the meeting and saw no concerns had been raised. This demonstrated there was a quality system at the home which identified improvements required.

There was a registered manager employed at Croft House Rest Home. 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.

People told us the home was well organised. One person said, "It's like clockwork here." A further person said, "It's a well-run home. The manager is here if I want to talk to her." Relatives we spoke with voiced no concerns regarding the management of the home. They told us they found the registered manager was approachable.

Staff we spoke with could explain their roles and responsibilities and spoke positively of their experience of working at the home. Staff told us they enjoyed the work they did and they worked together to make sure people received good care when they needed it. Staff explained they had staff meetings to discuss and agree any changes and we saw documentation which evidenced this. We viewed minutes of staff meetings and saw staff were given the opportunity to discuss the service and feedback was given by the registered manager. We noted if improvements were required, this was explained to staff. For example, if the quality of record keeping required improvement. We also saw the registered manager gave praise. We viewed minutes of a meeting which showed the cook had been thanked for their work in achieving a five-star rating from the Food Standards Agency. This demonstrated there was a culture of teamwork where information was shared and staff and the management team worked together to ensure the service was well run.

We discussed partnership working with the registered manager. They explained they worked with other

agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, specialist nursing teams and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.