

The Croft ECM Care Limited

# The Croft Residential Home

## Inspection report

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Date of inspection visit:  
10 November 2022  
15 November 2022

Date of publication:  
03 January 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Croft Residential Home is a care home without nursing and is registered to provide accommodation and support for a maximum of 22 people. At the time of the inspection there were 18 people living at the service. People living at The Croft were older people, some were living with dementia. The service is an older detached building set over three floors with a lift to access bedrooms on the first floor. Rooms on the second floor and some on a mezzanine level were accessed via a chair lift.

### People's experience of using this service and what we found

Since the last inspection a new manager had been appointed. They had worked in partnership with the local authority quality assurance and improvement team (QAIT) to review and improve all aspects of the service in response to the concerns raised. As a consequence, the service was no longer in breach of regulation and the overall quality and safety of the service had improved significantly. A relative told us, "Since the new manager has been appointed, there has been such a marked improvement. She is very responsive and brilliant at implementing changes and I cannot fault the way she deals with any concerns. She is making a real difference."

There was a robust and effective quality assurance programme in place. This enabled the registered manager to identify issues and take prompt action to address them, for example in relation to potential skin breakdown, or concerns and complaints from people using the service.

Staff told us the registered managers door was 'always open' and they felt very well supported by the management team and providers. They had received the coaching and mentoring they needed since the new manager had come into post and there had been several promotions as a consequence. This had contributed to the improved quality and safety of the service.

The management team were committed and passionate and continue to drive service improvement for the benefit of people, staff and the wider community. They had been part of a pilot project for a piece of equipment to raise non injured people off the floor following a fall. The number of emergency calls from the service had reduced significantly as a consequence. The registered manager and had been invited to share their learning with other services at a care homes forum.

People felt safe living at The Croft. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. There were systems in place to ensure the safe administration of medicines.

People's needs were robustly assessed before they moved into the service. Person-centred care plans were developed with people and their families, this included people's life stories and wishes. A relative said, "They know her as an individual, it is brilliantly matched in the care plan."

Staff ensured people were seen by healthcare professionals where needed. Visiting healthcare professionals spoke highly of the staff and the care they delivered to people.

People were supported by a stable and consistent staff team who knew them well. We saw kind and caring interactions during the inspection. Staff were supporting people in line with their care plans, for example comforting a person who was distressed by singing with them and talking about their family.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 02 November 2021) and there were breaches of regulation. 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 regulations.

Why we inspected

We carried out an unannounced focussed inspection of this service on 18 and 25 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve receiving and acting on complaints and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well Led.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Croft Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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

### Is the service responsive?

Good ●

The service was good

### Is the service well-led?

Good ●

The service was well-led

# The Croft Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and two Experts 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 Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Croft Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with nine people who lived at The Croft and ten relatives/friends. We spoke with nine members of staff including the registered manager, deputy manager, director and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four peoples care records, medicines administration records (MAR), four staff recruitment files, staff training records and other records related to the management of the service.

We used 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection we found risks were managed, however improvements were needed to the accuracy of risk assessments. Since the last inspection the registered manager had, working with people, their families and the local authority Quality Assurance and Improvement Team (QAIT) reviewed and updated all risk assessments and care plans. This ensured they were accurate and contained the information staff needed to keep people safe. A relative told us, "Things seem much safer there now and it is better-led. I would say my mother's well-being is being supported better than it had been previously."
- Staff knew people well and had a good understanding of their needs and risks. We observed staff supporting people in line with their care plans, for example singing with a person and talking about family to comfort and distract them when they were distressed.
- Relatives were confident any risks to their family member were managed well, while their independence was promoted. Comments included, "[Family member] is at risk of falls but they manage it, he has a sensor mat in his bedroom to alert staff when he is up and about... They leave him to be independent, getting up from the chair and walking around as much as possible" and, "She is absolutely safe there, I have no concerns whatsoever."
- There were effective information sharing/handover systems in place to ensure staff were kept up to date with any changes in people's needs. Staff told us, "There is good information sharing. Handovers are constructive. For example, we know that if somebody hasn't been asleep all night, not to expect too much from them."
- The environment was safe. Routine safety checks were completed to ensure the premises and equipment were safe and well maintained. Emergency plans were in place.
- The service worked in partnership with external professionals, such as social care professionals, community nurses and GPs to support and maintain people's long-term health and well-being. An external professional described how the service had worked effectively with the multi-disciplinary team to meet the complex needs of a person living at The Croft. Another external health professional told us, "The clinicians here have no concerns whatsoever about the quality of the service provided to the residents of The Croft Residential Home, and are confident that the safety of the residents is their carers' highest priority."

### Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed with care staff who supported them. A relative confirmed, "My father is very comfortable around the staff, he seems very happy in their company and always sings their praises. They are always very polite and seem happy."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff were able to describe how to report concerns.
- There were systems and processes in place at the home to ensure people were protected from harm and

abuse. The provider had responded promptly and in detail to safeguarding concerns raised.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had a good understanding of the principles of the MCA and records were robust.
- Where people lacked capacity to make a particular decision, appropriate assessments were carried out, and decisions made in their best interests and in the least restrictive way possible. For example, a decision had been made that it was not in a person's best interests to go out alone due to the level of risk. If they wanted time alone outside however, staff monitored their safety from a distance but close enough to assist if necessary.

#### Staffing and recruitment

- Since coming into post the registered manager had taken action to ensure staff had the knowledge and skills they needed to meet people's needs and keep them safe. This included practical training which had been 'on hold' during the pandemic, in topics such as moving and handling and first aid.
- There were enough staff to support people safely and meet their needs. A dependency tool was used to ensure staffing levels reflected the support people needed. People told us they didn't have to wait long for staff to answer their call bell. Staff said, and we observed, they had time to spend with people.
- Relatives commented on the stability and consistency provided by the long-standing core staff team. They told us, "I have no concerns about staffing levels, there are always staff around if you need to talk to them. They maintain a good core of staff" and, "I highly rate the carers. There is a turnaround of staff, but there is a core of about six staff who have been there a long time."
- There was a safe system of staff recruitment in place. The provider had completed appropriate recruitment checks prior to employing new staff. This included a Disclosure and Barring Service check (DBS) and uptake of references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their prescribed medicines in a safe way. This was confirmed in feedback from a pharmacist. "I can confirm 'The Croft Residential Home' is one of the well organised care homes in terms of ordering their monthly, interims and dealing with medication queries. The communication between the care home and the pharmacy has been exceptional."
- Medicines were safely stored, recorded and administered by suitably trained and competent staff.
- Staff received the training necessary to administer medicines safely, and their continued competence was regularly checked.
- The registered manager carried out regular checks and audits to make sure safe medicine practices were followed. The computerised medication system supported this.



### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting, although visitors were asked to book in advance to allow staff to prepare for their visit and be available to support if required.

### Learning lessons when things go wrong

- Staff knew how to deal with accidents and incidents, what action to take and how they should be recorded. Accidents and incidents were analysed by the provider to identify any patterns or trends, or further action needed.
- The management team took action in response to lessons learned. Following the last inspection, they had worked closely with the local authority quality assurance and improvement team (QAIT) to review and improve all aspects of the service in response to the concerns raised. As a consequence the service was no longer in breach of regulation and the overall quality and safety of the service had improved significantly.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to improve care quality in response to complaints or concerns. This is a breach of Regulation 16 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Receiving and acting on complaints). Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Complaints were managed appropriately in line with the providers complaints policy. Action had been taken in response to complaints, to minimise the risk of recurrence. The provider information return (PIR) stated, "At the Croft, we see complaints as a way of improving and monitoring the service."
- A copy of the complaints process was displayed in an accessible easy read format to advise people and their visitors how to make a complaint or compliment. Photographs of the staff team were also displayed, to support people who wished to complain about or compliment a particular member of staff.
- The management team were extremely proactive in identifying if people were concerned or worried. The registered manager analysed people's daily records on a weekly basis, to see if there were any references to them feeling unhappy or distressed. She would then check with them that that they were ok, whether they wished to make a formal complaint and whether any further action was necessary.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager had introduced a detailed pre-admission assessment. This informed an accurate judgement about whether The Croft was right for the person and they could meet their needs. An external professional confirmed, "I have made two placements at the Croft this year. Both were managed extremely well by the Croft and there have been no concerns post placement."
- Care plans were detailed and reflected people's needs. They were reviewed regularly to ensure the information in them remained relevant and up to date. People had a paper copy of their care plan in their room for their information. This was provided in large print if required.
- The registered manager had implemented a document called, 'My Life', which was completed with people, their family and supporting professionals to capture information about the persons background and preferences. This meant the support people received was delivered in a person-centred way. One person told us, "Staff ask me how I'm feeling. They understand my needs." A relative said, "They know her as an individual, it is brilliantly matched in the care plan."
- Staff were kept informed about any changes in people's day to day needs at shift handovers and via the computerised care planning system. This meant people received consistent care and support.
- Relatives told us they were kept informed about the welfare of their family member. They could also access

the computerised care planning system if they had the legal authority to do so. This meant they could see the support being given to their family member in real time. One relative confirmed, "I am able to keep up with how she is as I can access the care system notes from home, she has put weight back on since she has been there."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Detailed information about people's communication needs was recorded in care plans, with clear guidance for staff to follow. For example, one care plan advised the person could verbally communicate their needs but may need staff to prompt them and allow time for them to answer simple questions.
- Information could be adapted and provided in a variety of formats to meet people's communication needs. This included large print and 'easy read' accessible information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were asked in depth about their interests and hobbies as part of the care planning process. This enabled the service to provide activities which were meaningful, and person centred. For example, one person living with dementia was a retired security guard. He enjoyed auditing the documents displayed around the building with a clipboard in hand.
- People's engagement with activities was observed and documented by staff and analysed by the registered manager. This ensured the activities remained person centred and relevant to the individual.
- Many of the external activity providers used by the service were no longer operating following the pandemic. The activities programme was therefore being reviewed, with the involvement of people and their relatives. In the meantime, staff were taking it in turns to provide activities, which people and staff were clearly enjoying. This included trips out; making Christmas cards and artworks using leaves; baking and creating personalised memory boxes hung outside bedroom doors to help people find their room.
- Prior to the pandemic the service had worked closely with a local community centre for people living with dementia. People had attended workshops in arts and crafts, pottery and wood working, and staff had received comprehensive training in dementia awareness. There were plans to re-establish these links now that people were able to go back into the community again.

#### End of life care and support

- People and their relatives were supported to have discussions about their wishes for the end of their lives. This information was documented in care plans. For example, what music they would like to listen to at this time and who they would like to visit them.
- Staff told us they worked alongside external health professionals to support people at this time. Relatives were welcome to stay at the home so that they could be with their family member.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure good governance systems kept people safe. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team were very clear about their responsibilities and had worked to achieve good outcomes for people and staff. The registered manager was highly regarded and the feedback we received about the changes they had made since coming into post was extremely positive. Comments included, "Since the new manager has been appointed, there has been such a marked improvement. She is very responsive and brilliant at implementing changes and I cannot fault the way she deals with any concerns. She is making a real difference" and, "The home is managed brilliantly, the manager and deputy are amazing, the owners too."
- Since the last inspection the providers and registered manager had reviewed and improved quality assurance processes. This meant there was now a comprehensive and effective programme of audits in place, with oversight and sign off by the providers.
  - The computerised care planning system enabled the management team to have oversight of the support being delivered in real time. The registered manager used this to identify and pre-empt potential issues. For example, they had recognised that action could have been taken earlier to minimise the risk of a person's skin breakdown. The registered manager had therefore introduced increased monitoring of daily records. Any reference to skin redness was followed up by the team leaders with the person concerned. This meant any potential skin breakdown was identified promptly and action taken.
  - The registered manager spent time working alongside the staff team 'on the floor' to support people. They also carried out observations of mealtimes and the support provided by staff. They told us this was an opportunity to mentor staff, observe and provide feedback on their practice, and identify where improvements were needed. A relative said, "The manager is well-regarded by the staff and has earned their respect. She will work weekends and nights, she is hands-on. Quite often you will see her working alongside the staff."
  - The providers were very involved with the day to day running of the service and met frequently with the registered manager. They told us, [Managers name] is a steady hand on the tiller. We work well together.

There is trust and openness. We are an effective team."

- The management team understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They had made notifications and referrals to external agencies appropriately and been open and honest with people when things had gone wrong.

Working in partnership with others; Continuous learning and improving care

- The registered manager had contributed to researching and implementing new ways to improve people's care and well-being, both within the home and the wider community. They had participated in a project to review and improve the care home speech and language referral service. They had also been part of a pilot project for a piece of equipment to raise non injured people off the floor following a fall. Staff had received specialist training to use the equipment and assess someone on the floor for injuries, instead of waiting for all falls to be triaged and assessed by paramedics. As a consequence, the number of emergency calls from the service had reduced significantly. The registered manager was subsequently successful in their bid for funding to have the equipment permanently on site and had been invited to share their learning with other services at a care homes forum.

- Following the last inspection, the service had worked in partnership with the local authority quality assurance and improvement team (QAIT) to review the quality and safety of the service. This had led to the creation of a comprehensive and effective improvement programme, which was ongoing. The provider information return (PIR) stated, "We also regularly invite external specialists to review our key processes and policies to ensure we are following best practice. Much of this has happened through our partnership with the QAIT team."

- Feedback demonstrated staff worked well with external health and social care professionals to meet people's needs. Care staff had detailed knowledge of people's needs. Requests for support were timely and appropriate, and guidance always followed. Comments included, "The management of The Croft, are always proactive in achieving outcomes for their residents...From our perspective, we have an excellent working relationship with the home", "I can confirm that they are always receptive to any support and recommendations that are made by our team and [registered manager] is thorough and will always confirm the intended outcomes if she is not sure."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and management team promoted a positive and inclusive culture with person-centred care at its heart. The PIR stated, "All staff as well as several relatives, have commented on the changes in the culture. The manager is proud the prevailing ethos is now, 'We are in the residents' home and everything we do is for residents.'"

- People and relatives spoke highly of the culture of the service and outcomes for people. Comments included, "I don't want any change, I love it here. I'm happy as it is", "It is a jolly home, light-hearted and upbeat, and there are always sounds of laughter" and, "I am so happy with the home. I am impressed by the caring attitude of both managers and staff. They are so intensely involved in the care of all the individual residents."

- Staff felt well supported in their roles. They said, "[Registered managers] door is literally always open. We feel really valued and appreciated. [The providers] really support us. We get everything we ask for (equipment)." Staff told us that every day, the registered manager asked each member of staff if there was anything she could do for them before she left.

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

- When the registered manager came into post, staff morale was low. They had worked to build positive relationships with the staff team and staff told us this had made a big difference. Comments included, "It's been different since [registered manager] came in. If you ask for anything, she listens to you" and, "[Managers name] is amazing. She's so hands on. She's brilliant." The PIR advised that staff were now receiving the mentoring and coaching they needed. As a result, most were progressing quickly and there had been several promotions. This had impacted positively on the quality of care and staff retention.
- Communication across the staff team was effective. Regular staff and management meetings kept everyone informed. Not all staff had been able to physically attend staff meetings due to their shift patterns. The registered manager had therefore been creative in ensuring all staff had access by recording a regular video for staff on a dedicated internet channel. They could then watch in their own time. The registered manager told us this was, "an effective way of getting messages across."
- There were initiatives and systems in place to help staff feel valued and supported. Staff told us how they had a better work life balance due to changes in shift allocation. They had been signposted to organisations that could support their well-being and mental health, and there were monthly rewards for staff who had been nominated for going above and beyond.
- The registered manager and staff team were proactive in seeking people's views about the service and the support they received. For example, people were invited to put their wishes on a 'wishing tree', and these would be granted as far as possible. One person had been on a trip for fish and chips and ice cream at their request.
- People and staff were invited to post any ideas for improvements or requests in a 'suggestions box', which was reviewed by the registered manager. Staff said, "The suggestion box is used all the time. Anyone can make a suggestion. We always put forward what the residents say to us." A member of staff told us they had made a suggestion about changing the layout of the dining room and lounge to make it a more sociable and conversational space, and better for playing bingo. This had been done.
- Relatives were kept up to date with developments at the service via a newsletter, and emails. They completed a survey requesting their views of the service and told us the registered manager was visible and accessible. One relative told us, "I cannot think of any improvements to be made, their communication is really good, I am always kept informed."