

Somerset Care Limited

# Croft House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Croft House is a care home which is registered to provide accommodation and personal care to up to 67 people.

The building was divided into 4 separate areas. Two areas cared for older people with personal care needs and 2 areas provided care to people living with dementia.

At the time of our inspection there were 61 people living at the home.

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

People did not always receive proactive support and reassurance from staff. We have recommended that the provider makes practical training in good dementia care available to all staff.

There were sufficient staff to support people, but staff were not always deployed effectively. The provider had identified this issue and was looking at how improvements could be made.

People felt safe at the home and with the staff who cared for them. People looked relaxed with staff when they supported them.

People received their medicines safely from senior staff who had received training and been deemed competent to carry out the task.

People felt well cared for and told us staff were friendly. People said they could choose what they did each day and staff respected their wishes.

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.

Staff had good relationships with local professionals and worked together to ensure people's needs were met.

There were strong links with local people which enabled people to stay connected to their community.

People benefitted from a registered manager and provider who had effective systems to monitor quality and drive improvements.

The registered manager and management team were very committed to providing good quality care and support to people. They were open and responsive to issues raised and complaints, and used them to drive

improvements to the care people received.

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

The last rating for this service was good (published 1 November 2018.)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We identified concerns in relation to a high number of abuse notifications relating to incidents between people who lived at the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed from Good based on the findings of this inspection.

We have found evidence that the provider needs to make some improvements. Please see the effective section of this full report.

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

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Croft House

## 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 2 inspectors.

#### Service and service type

Croft House 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. Croft House 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 the inspection

We looked at the information we had received from and about the service.

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

During the inspection we spoke with 13 people who lived at the home and 9 members of staff. The registered manager and provider representatives were available to support the inspection. 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.

We looked at a variety of records which related to people's individual care and the running of the home. These included 5 care and support plans, 2 staff recruitment files, a sample of health and safety records, quality audits and action plans.

# 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

Before the inspection we identified a high number of incidents between people who lived at the home. These incidents had not resulted in serious harm to people. At the inspection we found that some staff did not always respond quickly to people becoming upset, confused and frustrated. This could potentially lead to incidents between people.

- People looked comfortable with the staff who supported them. However, at times we noticed that staff were not proactive in engaging with people when not supporting them with a task. This placed people at risk of becoming disorientated and confused which could potentially lead to incidents between people. One person appeared very upset and told us, "I don't know what I should be doing."
- People told us, they felt safe at the service and were aware how to raise a concern if they needed to.
- Staff knew how to recognise and report abuse. All staff spoken with said they would be comfortable to report any concerns to a senior member of staff. All were confident that action would be taken to protect people.
- The management team worked with appropriate agencies to ensure that any concerns were fully investigated, and action was taken to protect people.

Assessing risk, safety monitoring and management

- Risks to people's physical health were minimised because staff carried out risk assessments and took action to minimise any identified risks. We saw people who were assessed as being at high risk of pressure damage had appropriate equipment to mitigate these risks.
- Reviews took place to ensure people's risks were managed, reviewed and referred to other professionals when needed.
- Risk assessments were carried out to promote people's independence and choice. For example, one person liked to go out without staff support and an assessment was in place to enable them to do this.
- Staff respected people's rights to have the most freedom possible. For example, where people were assessed as being at high risks of falls, staff did not restrict their movements but ensured they had mobility aids or support to remain safe.
- People lived in an environment where risks were assessed and managed to promote the safety of people and staff. There were regular checks and maintenance of the building including checks on fire detecting equipment, hot water temperatures and lifting equipment.

Learning lessons when things go wrong

- The registered manager and senior staff team were open and transparent about shortfalls. This enabled them to take action to make sure that lessons were learned. For example, following an incident, face to face

training and new procedures were put in place regarding head injuries. One member of staff told us, "The training we had on head injury was really good. I learnt a lot from it."

- The provider used learning from incidents in services to make improvements across the organisation. This helped to ensure changes were made in response to incidents.

### Staffing and recruitment

- People were protected because the provider operated a safe recruitment system. This included seeking references from previous employers and carrying out appropriate checks.

- Staff told us they had not been able to start work until checks had been carried out and staff files confirmed this.

- Agency staff were used to make sure there were sufficient staff. Staff said there was a good skill mix at the home. They told us less experienced, or agency staff, always worked alongside more long-standing staff members.

- People were generally supported by adequate numbers of staff to keep them safe. However, staff were not always effectively deployed to promote people's well-being. For example, on the first afternoon of the inspection there were 2 staff in an area which cared for people with personal care needs. When the 2 staff were supporting people with personal care this left no staff visible to other people living in this part of the home for extended periods of time. We heard and saw people anxiously looking for staff to reassure and support them. The registered manager gave assurances that they were addressing these issues.

- Staff in 1 area of the home told us they did not think there were adequate staff to meet people's needs. One member of staff said they felt there was never enough time to sit and talk with people to offer reassurance and stimulation. Other staff were happy with staffing levels.

- The area manager told us they were currently looking at how senior staff were deployed within the building. They said they were planning adjustments which they hoped would improve staff deployment.

### Using medicines safely

- People received their medicines safely from staff who had received specific training and had their competency assessed.

- Some people were prescribed medicines, such as pain relief, on an as required basis. There was information to direct staff about when these medicines should be given. The provider informed us they were currently working on ensuring these directions were more person centred and therefore more reflective of people's individual needs.

- If medicines were given covertly, then systems were in place to make sure this was appropriate and in people's best interests. Advice was sought and recorded on the best way to give medicines safely in this way.

- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security, and cold storage. We checked a sample of medicines and found that stocks correlated with records kept.

- Where people had prescribed lotions and creams there were systems which showed how and when they should be applied. The application of these were recorded by staff in people's individual care plans. This enabled their effectiveness to be monitored.

### 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 able to see personal and professional visitors at any time.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Part of the home specialised in the care of people living with dementia. Staff had received training in this area but feedback from staff was that this had not always supported them to provide good dementia care. One member of staff said, "I've done dementia training, but it was online so not brilliant." Another member of staff told us, "I have done the online dementia training but not sure it was very useful."
- Our observations showed that staff were not always proactive when supporting people. This led to some people experiencing confusion and disorientation.

We recommend that the provider ensures that all staff have opportunities for practical training in good dementia care.

- People were cared for by staff who had received an induction when they began work at the home. This helped to make sure people received safe care. One senior member of staff told us, "There is a probation period where we ensure new staff shadow more experienced staff. All new staff are working towards the care certificate. We have 2, 6-week review periods to monitor their progress."
- Staff had opportunities to undertake ongoing training. Due to the Covid-19 pandemic the majority of recent training had been online. The registered manager and provider were beginning to plan more face to face training which staff told us they were looking forward to.
- Practical training was being arranged to meet people's specific needs. Training being planned included, oral healthcare and stoma care.
- The provider had appointed senior staff to take on lead roles in various areas of care such as; dementia, end of life care and moving and handling. It was hoped that these staff would be able to share their learning with other staff and lead by example to promote good practice.

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

- People had their needs assessed before they moved into the home. This helped to make sure that Croft House was the right place for them.
- People told us they were able to make choices about their day to day lives. One person told us, "Up when you like, bed when you like. It's not regimented."
- Care plans were created from initial assessments to show how people's needs would be met. We found that care plans were being reviewed and were up to date but, in some instances, lacked detail about people's individual needs and preferences.
- People had electronic care plans which enabled staff to record all care given in real time. The current

system had been in place for under a year and staff were still getting used to the different places to record information. This made it difficult to track the care which had been provided to people. We discussed this during the inspection and assurances were given that additional support would be given to staff. Following the inspection, the provider informed us that changes were being made to the system to alleviate this issue.

- People looked unkempt. During the inspection we found that a large number of people looked as if they had not received good personal care to enhance their appearance and feeling of wellbeing. We saw a high number of people had not had their hair washed or brushed. Care plans seen, did not give details of whether people preferred a bath, or a shower and records did not show when people had been offered or received either.

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

- People were happy with the food provided at the home. One person told us, "You always get nice food here." We heard 2 people discussing how nice the lunch was.
- People were offered choices of meals. One person commented "There are always 2 choices, 1 meat and 1 veg and a choice of pudding. If I wanted something else, I am sure they would." In one part of the home we saw staff offering various options to a person who did not want the meals on the menu.
- People living with dementia were shown meals and drinks to choose from. We noticed people were not given a choice of vegetables or condiments in this area. However, in another part of the home people were offered these choices.
- People had their nutritional needs assessed. Where appropriate support and advice was sought from outside professionals to make sure people's needs were met.

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

- People lived in a care home which had been purpose built. It provided good sized single rooms with en-suites, generous communal areas and safe outside space.
- Some areas of the home were beginning to look tired. The registered manager shared with us plans for some refurbishment which included making areas more dementia friendly and engaging.
- People's rooms were personalised with their own belongings and family photographs. The service was clean, and the layout was well thought-out to meet people's needs.
- People were able to walk freely around the home as they pleased, however some people did not recognise or remember where their room was located. We advised the provider to consider personalising the outside of people's bedroom doors to support them to locate them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare professionals to meet their needs. This included; doctors, community nurses, opticians and chiropodists. One person said, "The nurse comes when you need her."
- The staff had good relationships with local professionals which helped to make sure people could access specialist services when they needed it.
- People could be confident that when their needs changed, they would be reassessed to make sure they continued to have appropriate care. Staff worked with other professionals to make sure that if Croft House was no longer able to meet people's needs and wishes then alternatives would be offered. For example, 1 person was not happy living at the home. Staff had worked with professionals to enable them to return to their home in the community with a support package.

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

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had made appropriate applications for people to be deprived of their liberty when they lacked capacity and needed this level of protection to keep them safe. There were clear records regarding where applications had been authorised and their duration.
- The management and staff had a good understanding of the MCA and worked within its principles. Staff told us they always tried to involve people in decisions.
- People who lacked capacity to make decisions could be confident their legal rights would be protected. Staff worked with others who knew the person well to make sure any decisions made on behalf of another person were in their best interests. Clear documentation was kept to evidence how a decision was made and who had been involved.

# 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 Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection there had been changes to the registered manager and the management team. The new management team were committed to providing care which was person centred and empowering.
- Staff spoken with knew people well, but we found that much of the care provided was task focussed rather than person centred. However, staff were very motivated to make changes and felt supported by the management team to do so.
- People who were able to express their views said they were happy with their care. One person said, "It's a nice place to live because everyone is so friendly." Another person commented, "I feel relaxed here. I think the staff are lovely."
- Some people who were living with dementia did not always have the support or stimulation they needed to promote their well-being. Our observations showed this resulted in some people appearing very disorientated and upset and others withdrawing and falling asleep. We discussed this with the registered manager and provider who were committed to making improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- People lived in a home where there was a clear staffing structure which meant people and less experienced staff always had access to more senior staff.
- Staff felt well supported and described the registered manager as being, "Like a breath of fresh air." One member of staff told us, "Things are changing. The management team now are really here for the residents. It's all good."
- The provider had effective systems to monitor the quality of support provided to people and drive improvements. For example, audits completed were given a percentage score and we were able to see how these scores improved over time.
- Monitoring systems helped to promote people's safety. There was a comprehensive falls audit completed each month. The audit clearly showed action had been taken to reduce the number of falls at the home and seek professional support for individuals.
- The registered manager and provider were very open and transparent. When things did not go well, they looked for ways that these incidents could be used to drive improvements. All complaints were investigated, and apologies were given where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked together, and all said there was excellent teamwork. One member of staff said, "Teamwork here is brilliant." Another member of staff commented, "At the moment the morale among staff is really good. Everyone works together really well." We saw good teamwork demonstrated on the second day of the inspection when due to bad weather staffing had to be adjusted to support staff who were unable to work.
- Staff had good relationships and worked in partnership with other professionals to make sure people's needs were met. The staff were taking part in a project in partnership with the local hospice to make sure people received good quality care at the end of their lives.
- There were meetings at the home for staff, people and their representatives. Action plans from meetings showed the suggestions made at meetings were put into practice
- The provider also held 'Always' events to gauge people's views and seek suggestions for changes. We saw some suggestions made at these events had been put into practice such as making specific snacks available, providing some people with pendant call bells and establishing lost property days.
- People benefitted from being part of a small community and had access to a range of local events such as coffee mornings. There were good links with local schools and churches which helped people stay connected. The provider also held open days and events to invite local people into the home.