

Clovely Care Limited

# The Croft Residential Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 12 and 16 April 2018 and was unannounced. This meant the provider did not know we would be visiting.

The Croft Residential Care 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. The Croft Residential Care home provides residential care and support for up to 33 people, some of whom are living with dementia. At the time of our inspection 31 people were living at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection in January 2016, the service was rated good. At this inspection we found the service remained Good.

Medicines were managed safely. Staff had a good understanding of safeguarding and how to report concerns. The home continued to have a robust recruitment process. Sufficient appropriately trained staff were available to support people's needs. Personal emergency evacuation plans were not up to date.

Accidents and incidents were recorded and analysed. Risks to people were identified and plans were in place to help manage and minimise risks.

People told us they enjoyed their meals. People's preferences were catered for and people were supported to manage their weight. People were supported to engage in activities and interests of their choice. The home was proactive in making activities suitable for all.

Relatives and people told us staff were kind and caring. People were treated with dignity and respect. Staff had a sound knowledge of the people they supported, their likes and dislikes.

The home sought feedback from people, relatives and staff in order to develop and improve the home. Relatives were made welcome and were involved in their family member's care.

People and relatives we spoke with knew how to make a complaint. They told us they would speak to the registered manager if they had any issues.

People, relatives, staff and external healthcare professionals spoke positively about the registered manager. Staff told us they felt supported by the registered manager and enjoyed working at the service.

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

The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The home did not have accurate information to enable staff to support people in the event of an emergency.

Medicines were managed safely.

Staff demonstrated a good awareness of safeguarding.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were supported by the service.

Staff understood and applied the principles of the Mental Capacity Act 2015 and consent.

People were promoted and supported in maintaining a healthy diet.

**Good** ●

### Is the service caring?

The service was caring.

People were encouraged to be as independent as possible.

Staff were kind, caring and compassionate towards the people they supported.

Relatives we spoke with told us staff were always respectful.

**Good** ●

### Is the service responsive?

The service was responsive.

Care plans reflected people's current needs.

People and relatives told us they had no complaints about the home.

**Good** ●

People were supported to take part in activities they enjoyed.

**Is the service well-led?**

The service was well-led.

The registered manager had systems in place to audit various aspects of the service.

The registered manager provided strong leadership.

Relatives, people and staff were encouraged to express their views about the service.

**Good** ●

# The Croft Residential Care 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.

This inspection took place on 12 and 16 April 2018 and was unannounced. The inspection was conducted by an adult social care inspector.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived at The Croft Residential Care Home. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who lived at the home, five relatives, the registered manager, two deputy managers, two senior care staff, four care staff members, the chef and a domestic support.

We undertook general observations of how staff interacted with people as they went about their work. We looked around the home and visited people's bedrooms with their permission.

We examined documents relating to recruitment, supervision and training records and various records about how the service was managed. We looked at care records for five people who used the service.

## Is the service safe?

### Our findings

People told us they felt safe at the Croft Residential Care Home. One person said, "Completely safe they look after me." Another person told us, "I have no worries." One relative commented, "I leave here and I know [Family member] is safe." Another relative said, "I believe they are safe but I'm not here every single minute."

Medicines continued to be managed safely. Staff members administering medicines had completed medicines training and their competency was regularly reviewed. Medicines records we viewed were up to date and accurate. The home conducted daily checks of medicines plus full monthly audits, this allowed the registered manager to swiftly identify any shortfalls and immediately put actions in place.

PRN (as required medicines) protocols were in place. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines such as pain relief medicines.

People and relatives we spoke with told us there were enough staff to meet people's needs. One person told us, "Yes, they (staff) are always here." A relative said, "When I come in staff are always about." Another relative said, "You always see someone (staff member) sat in the lounge with people." The registered manager regularly reviewed staffing levels and shift patterns were developed around people's support needs. Full assessments of people's needs were conducted prior to coming to live at the home. This was to ensure that the person's needs could be met.

A business continuity plan was in place to ensure people would continue to receive care following an emergency. Fire drills were regularly conducted during the day. Although drills were not carried out at night, all night staff had completed fire safety training and taken part in day time simulated evacuation procedures. Each person had a personal emergency evacuation plan (PEEP) which contained information about the person and how staff should support the person in the need of evacuation in an emergency. However, the information did not reflect people's current needs and personal details were incorrect. We alerted the registered manager who immediately updated the information. We asked about the frequency of the reviews of the PEEPs. The registered manager told us no review period was set and advised they would add it to the monthly review of people's care records to ensure people's information was current and accurate.

Staff had completed safeguarding training with the local authority and were able to describe the signs of abuse and the action to take if they had concerns. Staff we spoke with were confident the registered manager would act swiftly to protect people. One staff member said, "I would go straight to [registered manager] if I had concerns."

Safeguarding concerns were investigated and alerts made to the local safeguarding authority and CQC. The home had a process of recording the information but did not review the data to determine any trends or patterns for future lessons learnt. We discussed the benefits of such monitoring and the registered manager advised that they would introduce a system. Information relating to accidents and incidents were collated

and analysed.

People had risk assessments for a range of person specific identified risks. These described the risk and clearly identified the control measures needed to minimise risks to ensure the person remained safe. General risk assessments for the environment and premises were also in place.

The provider continued to operate a safe and robust recruitment process. Pre-employment checks were conducted including obtaining full employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

The home had infection prevention and control systems in place to ensure people were protected. These included regularly cleaning of premises and equipment, hand hygiene and when required staff wore Personal Protective Equipment (PPE). Health and safety audits were regularly conducted with an infection control champion in place. Records relating to the maintenance and safety of the building were up to date and monitored.

## Is the service effective?

### Our findings

People and relatives told us they felt staff were well trained. One relative told us, "I think the girls are well trained. They do a great job." A person said, "Yes they are well trained." One external professional told us, "The service delivery is effective as the staff offer good quality care to residents, which demonstrates their understanding of the need."

The home had a range of mandatory training including health and safety, infection control, food hygiene, safeguarding adults, first aid, moving and assisting and fire safety. On examining the training records we found of the 42 staff members, eight staff members training for moving and assisting had lapsed in February 2018 and eight staff members infection control training had lapsed in March 2018. We noted all other training was up to date.

In discussions with the registered manager we found they were open and honest in response to this issue. They immediately arranged for staff to complete the required training. Relatives told us they did not have any concerns about staff member's ability when assisting their family members with moving and handling.

Staff told us they felt supported by the provider. Staff confirmed they regularly took part in supervisions and also had an annual appraisal. One staff member told us, "We discuss how things are going." Another staff member told us, "I feel well supported." The registered manager told us that supervisions took the format of one-to-one and group sessions. They said, "Some staff prefer to speak in a group."

People had access to a range of external healthcare professionals including speech and language therapists (SALT), GPs, district nurses and opticians. Guidance from these healthcare professionals was incorporated into people's care plans.

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 so that they can 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home had systems in place for monitoring DoLS applications. We noted one person's DoLS renewal request had been sent only two days before it was due to expire. The registered manager explained this had occurred whilst training a new staff member and was confident that the system was effective to ensure

future applications would be requested in a timely manner.

Mental capacity assessments had been completed prior to applying for a DoLS authorisation. We noted a number of people lacked capacity and had a lasting power of attorney (LPA) in place, either for health and welfare or for finance. A LPA is a legal document that lets you appoint one or more people to make decisions on your behalf if you can't make your own decisions (as you lack mental capacity). We saw the registered manager had requested a copy of the LPA when people came to live at the home. This ensured the home complied legally with the wishes of the person.

Staff we spoke with understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make day to day decisions.

People told us they enjoyed the meals at the home. One person said, "The meals are lovely." A relative told us, "[Family member] gets plenty to eat." People had a choice of dining in the large dining room or in the quiet family room. Staff supported people in line with their care plans and were attentive to people's needs.

People were asked for their choice of meal during the morning tea round and each day's choices were written on a white board at the entrance of the dining room. We discussed the option of using images to support people living with dementia to make meal choices. The registered manager advised that the home did have images of meals available to support people. They told us that if people declined the choice they had made earlier the chef would make what the person requested.

## Is the service caring?

### Our findings

During our inspection relatives were keen to speak with us and all wished to tell us what a wonderful job the staff did in supporting and caring for their family members. Comments included "They (staff) are very respectful and friendly," "Its little things they don't know they are doing," "Lovely mix of staff, ordinary, humble people," and "They supported me as well as [family member]."

People, relatives and external healthcare professionals we spoke with were complimentary about the care and support received at The Croft Residential Care Home. One person said, "I'm very well cared for." One relative told us, "The staff are wonderful, so caring. We have a winner here." An external healthcare professional told us, "Throughout my involvement with the Croft I have always found them to be compassionate, caring and understanding. The staff are a credit to the industry." Another external health care professional told us, "The service is extremely caring and have patient's best interests at heart."

We observed many kind and respectful interactions between staff and people using the service. When people were affectionate with staff this was appropriately returned. We saw a staff member place a comforting hand on a person's shoulder while supporting them and this was warmly received by the person. Whilst supporting a person with a hoist staff explained what was happening each step of the process and reassured the person as they were raised up.

People and relatives were involved in making decisions about their care and support. One person told us, "They look after me well." A relative said, "They let us know things straight away." One external health care professional told us, "The residents, family and visitors are fully included in the person's care which is equally important within the setting."

People were encouraged to be as independent as possible. Staff were courteous and patient with people allowing them to complete tasks in their own time without being rushed. Staff gave encouragement to people but recognised when people needed a little extra support. They politely asked people if they needed assistance before supporting them.

The provider had an equality and diversity policy to support both staff and people living at the home. One relative told us how the home had supported their family members and ensured they had a room together. They said, "It was so important for dad to be with mam." We saw one person was supported to continue their religious beliefs and the home arranged for them to receive Holy Communion. Another relative told us how the home went that extra mile and allowed their family member's cat to live at the home. They said, "When [family member] was in hospital they (staff) looked after the cat for us."

Staff treated people with respect and dignity. We observed staff knocked on doors and sought permission before entering. One person told us, "Oh yes they treat me with dignity, they are lovely." Staff we spoke with had a good understanding about people's individual care and support needs, their likes and dislikes, family structure and personalities.

Staff we spoke with were able to describe how to support people with dignity. One staff member told us, "I chat away to people as I help them with personal care." Another staff member said, "I try to make them as comfortable as possible." We noted some people wished for a gender specific staff member to support them with personal care and the home ensured this happened.

Relatives we spoke with told us they were always made welcome at the home. One relative told us, "They are more like friends now." Another relative said, "They are amazing and make us so welcome." One relative told us about how their family member was poorly and could not go out for a celebratory meal so the home used the family room for the gathering. We observed one relative come to see a family member in the bungalow. On arriving the staff member asked how they were doing and offered a cup of tea.

The registered manager told us they would actively seek the services of an independent mental capacity advocate (IMCA) to support a person with decision making if required. Information regarding advocacy services was readily available for people.

## Is the service responsive?

### Our findings

People and relatives told us they were involved with the development and reviews of care records. The home gathered as much information about the person as possible and created personalised documents. Each person's care records contained a 'day in the life' document which described the person's day and how they wish to be supported. Also a 'see me and support me' document which contained bitesize information to support staff who were not familiar with the person, for example, in a hospital setting. It included what was important for the person and how best to support them.

Care records contained care plans covering areas such as mobility, personal hygiene, cognition, medicines, nutrition and communication. These were written in a personalised way and detailed people's preferences.

We noted one person had fallen resulting in the person having to use a sling for a period of time. Guidance had been given for the person to be propped up in bed and to be supported by two staff members. The guidance had not been adopted in the person's 'see me and support me' or 'Day in the life' documents. Although we discussed this matter during the inspection with the deputy managers and registered manager it was not made clear at the time that additional documents were available to support staff. These documents have since been made available following the inspection. These give clear guidance for staff to follow to ensure the person is supported safely. When we discussed the person's care and support needs with staff members it was clear staff were fully aware of the person's current needs.

The home used technology to ensure it was responsive to people's change in needs. We saw the home had fully embedded the National Early Warning Score (NEWS) within its caring and supporting of people. The home used a digital tablet and recorded people's blood pressure, oxygen levels, respiratory rate and temperature. This important information was passed onto external healthcare professionals when a person was poorly enabling them to respond quickly. We saw this in action when a person became unwell. Staff members quickly reassured the person, ensured they were safe then took vital observations and relayed the information to the emergency services. As the home had taken baseline information previously they quickly recognised the person's blood pressure was low.

An external health care professional told us, "The Croft have been keen to adopt this technology to ensure they provide the best and safest care to their residents."

The home employed three activities co-ordinators. The registered manager had analysed the needs of people throughout the day and changed the activities co-ordinators times of working to reflect the needs of the people. This included them working on an evening and at weekends. The home offered a range of activities for people including baking, bingo, cheese and wine parties, foods of the world, pet therapy and movie nights.

The home had adopted the Pool Activity Level (PAL) system. PAL is a tool that is used to identify people's level of ability so that activities can be designed for them at the right level of ability. They used this information to support people to have access to suitable activities.

One relative told us how much their family member loved the 'the Daily Chat', a dementia newspaper. This was printed out daily and contained news articles, quizzes and poems. Another relative told us how much their family member enjoyed the 'cheese toastie evening'. They said, "It's a small thing but they look forward to it."

The home promoted relatives involvement in their family members care and gathering information about a person's life history. A 'My life document' was created which gave a brief description of people's life to support visitors and staff to have meaningful conversations. A monthly newsletter was produced giving updates on any news about the home, training and activities. This was displayed in the reception and posted out to families.

People and relatives had an opportunity to offer feedback on the service. Regular resident and family meetings were held and annual questionnaires were used to gather feedback from people and their relatives. Feedback was positive, praising the registered manager and care staff.

The service had a complaints procedure in place and continued to address any concerns and complaints received in a timely manner. People and their relatives told us they knew how to make a complaint. One person told us, "If I had to complain I'd see her (pointing at the registered manager)." Another person commented, "I have no complaints."

The registered manager was committed to ensuring people's wishes and preferences for end of life care were met. Where people wished advanced care plans were put in place. When people were approaching end of life the home introduced a 'Peacefully please' folder where relatives were able to write down questions they found difficult to ask and the registered manager would respond. Relatives had sent thank you cards to staff for the care and support provided to their family members during their last days. One letter read, "We are pleased at the end of the day that [family member] came to The Croft to end her days, yes in an ideal world she would rather been at home, however you made it her home and looked after her so well and made her feel at home."

## Is the service well-led?

### Our findings

Relatives and people told us the home was well run. One relative said, "They are so professional." One person said, "[Registered manager] does a great job." One healthcare professional told us, "It is well run by [Registered manager] and her team and I would happily put a relative of mine in there."

The home continued to carry out regular checks and audits on the quality of the service such as infection control, medicines, dining experience and care records.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager clearly understood their responsibilities as a registered manager and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The home had a strong managerial presence which also included weekends. This was welcomed by relatives. One relative told us, "I know I can always catch someone to discuss things on a weekend which is great."

The registered manager and deputy managers led by example and worked alongside staff members, demonstrating good practises and a caring manner. Staff members supported each other ensuring people's needs were met in a timely manner. One staff member told us, "We work as a team."

The registered manager told us they had an open door policy for all, staff, people, families and visiting external healthcare professionals. We clearly saw this in action as the registered manager made themselves readily available to all during our inspection.

The registered manager was very passionate about ensuring people received great quality care. The home had a strong ethos, 'We treat all in a way we would want our own loved ones to be treated.' Relatives and people were extremely complimentary about the registered manager. Comments included, "[Registered manager] does an amazing job." A person said, "She does a grand job." An external healthcare professional told us, "They pride themselves in giving the best care and this is evident from first walking in to observing their interactions with their residents."

The registered manager told us they regularly took part in provider networking groups, reviewed other home's CQC inspection reports and CQC guidance. They had worked in partnership with a number of external agencies on new initiatives including skin integrity and pressure care and the use of the NEWS tool. This was recognised with the registered manager and the home becoming winners in the individual outstanding contribution award with their use of the NEWS tablet. An external healthcare professional told us, "I have worked with the Croft Care Home over the recent years in the development and implementation of digital technology to monitor health. The Croft have been involved as part of a co-productive team putting themselves forward to be involved in the scoping and development of the innovative solution."

The home actively sought relatives and people's views about the quality of the care provided at the home. 'Residents and relatives' meetings were held to keep people informed and capture their views. Staff had regular opportunity to discuss aspects of the service, career development and share best practice. One staff member said, "There is plenty opportunity to speak up and [Registered manager] listens." Staff told us they felt listened to by the management team. One staff member told us, "They listen to what we have to say. If we have an idea they try it."

The registered manager had good working relationships with external health professionals involved in people's care. One external healthcare professional told us, "The service is effective and runs well and is organised." Another external healthcare professional said, "The service customers receive from the care home is of a high standard within all aspects of the delivery of service."

Morale was high amongst staff. Staff members we spoke with told us they were happy to work at the home. A number of staff had worked at the home for over 10 years and many were related. Staff told us they were well supported by the registered manager and the deputy managers