Mrs C Howe

The Croft Residential Home

Inspection report

22 College Road
Newton Abbot
Devon
TQ12 1EQ

Tel: 01626207265

Date of inspection visit:
06 April 2016
07 April 2016

Date of publication:
31 May 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection that took place on 6th and 7th April 2016.

The Croft Residential Home is a care home with accommodation for upto 22 people. People living at the home are older people some of whom may be living with dementia. At the time of our inspection there were 21 people living at The Croft.

At the time of our inspection the provider was also the registered manager, and is referred to as the registered manager throughout the report. This was because they were in day to day charge at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Systems and processes were in place to protect people from the risk of harm. People were supported by care staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe. People we spoke with said they felt safe and spoke positively about the care and support they received.

People were protected by staff who had received training about safeguarding and could identify the different types of abuse. Staff knew how to respond appropriately to allegations of abuse and understood the procedure for reporting concerns.

Staff were knowledgeable about people and understood how to meet their diverse needs. We observed warmth and affection between staff and people who used the service and staff approached people in a caring manner. People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

People were treated with dignity and respect. Staff described how they protected people's dignity by closing curtains and doors and covering people with towels when they were washing them.

Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice.

People had individual care plans which gave guidance to staff on what support people needed. Care plans were written with people as much as possible and included an assessment of people's needs and were written to reflect people's individual preferences and wishes. Staff were knowledgeable about people's needs and preferences. They told us they had read and understood the care plans and ensured they followed them. People's end of life needs were planned with them were ever possible. People were supported to end their life with dignity and free of pain. People and staff were supported at the end of their

life by the local hospice service, Rowcroft at home, Marie Curie nurses and the district nurse team.

People were involved in activities they liked and were linked to previous life experience, interests and hobbies. For example staff encouraged one person, who enjoyed knitting, by bringing in balls of wool so that they could continue with their hobby whilst living at the home. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

Mealtimes were a social occasion. People told us they enjoyed the food that was provided. We saw a choice of menu was available and the food looked appetising and nutritious. Risks associated with poor nutrition and the needs of people living with dementia were understood and menus adjusted and food and fluids provided throughout the day.

We looked at the way in which the home managed people's medicines Medicines were secured safely and accurate records were maintained. Staff received regular competency assessment checks to ensure the on going safe management of medicines. Safe systems were in place to manage medicines so people received their medicines at the right times.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to ensure staff were suitable to work in the care sector before they started work at the home. Staff received a range of training which supported them to understand and meet people's needs. Staff received regular supervision and appraisal of their work and felt well supported by the deputy manager and registered manager. There were sufficient staff on duty to meet people's care needs.

We found that the building was clean, odour free and well-maintained. There were 3 lounges, one with access to a sunny balcony, all comfortably decorated to meet the varying preferences of the people. People were encouraged to personalise their rooms. Corridors had clear picture signage and peoples rooms had their photographs and names displayed. We saw that some photographs were of the person when they were younger to help them recognise themselves and their rooms better.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and saw that audits of infection control practices were completed.

The registered manager and deputy manager promoted a positive culture where person centred practice was promoted. They ensured people, staff and relatives were valued. The registered manager assured the quality of the service by completing a range of monthly audits. From these audits the management team were able to identify areas for improvement and formulate action plans to address these. This ensured the management team were assuring the quality of the care and support provided. Health and safety audits were carried out every 3 months and requirements acted on by the management team. The registered manager sampled and reviewed care plans and risk assessments monthly to ensure that systems and processes are robust. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously.

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.

People told us they felt safe. People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

The provider took steps to ensure suitable recruitment checks were undertaken prior to people starting employment at the home.

Risks were identified and appropriately addressed.

There were sufficient staff to meet people's needs.

People's medicines were stored, handled and administered safely.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences.

People's records showed how the principles of the MCA had been applied when a decision had been made for them. DoLS processes had been appropriately applied.

Staff always asked for people's consent and respected their response.

The service liaised with community healthcare professionals to ensure that people had access to health services.

Is the service caring?

Good

The staff were caring.

Staff were kind, caring and respectful and treated people with compassion. Staff had a good understanding of people's needs.

People's dignity and privacy were maintained by the staff. Friends and relatives were able to visit whenever they wanted to.

Each person's Independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

The service sought feedback from people, relatives and staff and responded appropriately to it. A system was in place to receive and handle complaints or concerns raised.

Activities and entertainment were available to stimulate people and to help keep them engaged.

Is the service well-led?

Good

The service was well led.

There was a positive and open culture. Staff told us the registered manager was supportive and could be approached at any time for advice.

The registered manager demonstrated good management and leadership, through the effective management of the service and the quality of care provided.
The registered manager actively monitored the quality of care by regular auditing and took appropriate actions where necessary to drive service improvements.

The registered manager and the staff understood their roles and responsibilities in relation to people and their care.

The home demonstrate that they have robust records and data management systems in place.

There were sufficient opportunities for people who lived in the home and their relatives to express their views about the care and the quality of the service provided.

The Croft Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on the 6th and 7th April 2016 and was unannounced and was conducted by two inspectors.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We also consulted the homes general practitioner and community nurses for their opinion of the home.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with ten people who used the service, three visitors and one visiting health care professional. We also spoke with the registered manager, deputy manager and eight staff members. We observed how staff interacted with the people who lived at the home throughout the inspection.

We read four people's care records and checked they were receiving their care as planned. We also spoke with the same people to ask their view of their care, where that was possible.

We reviewed staff personnel files, staff training records and staff rotas. We also reviewed the records held by the registered manager to evidence they were ensuring the quality of the service. This included policies and procedures, a range of audits, records of complaints and records of communication with people, professionals and family. We looked round the home and saw people's bedrooms, bathrooms and communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns about the home. One person said "I feel safe and I have no worries." Another person said "Of course it is safe here."

Staff we spoke with all confirmed they thought people were safe. They told us they worked together as a team to ensure people's safety was maintained. One staff member said "it's 100% safe, there are lots of staff around who always make sure the residents are safe by good handovers and care plans".

We spoke with staff about safeguarding people who lived in the home. They were clear about the procedure to follow if they identified any concerns and said they would have no hesitation reporting someone if they saw or heard anything inappropriate. All staff felt that action would be taken in respect of their concerns. Staff said they would take their concerns to the registered manager or external agencies, such as CQC, if they felt concerns were not being addressed. The deputy manager told us all staff had received safeguarding training and this corresponded to the training records we looked at.

People's medicines were administered safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. Prescribed creams were prescribed and their application was recorded on a separate electronic record "Person Centred Care" system. The home has introduced a new information technology system for every day use by staff. This system is designed to help increase operational efficiencies and manage compliance risks, enabling staff to have more time to deliver higher quality care outcomes. Body maps identifying where the creams were to be applied, were kept in the hard copy care plans, however, these were found to be incomplete. This could result in the creams not being applied at all or to the wrong area of the body resulting in the skin condition not being appropriately treated. We discussed this with the deputy manager who immediately put a process in place to ensure that medicated creams were signed for on a paper copy "MAR" chart and with a body map attached.

We observed staff giving people their medicines safely and in a way that met with best practice. We noted staff told people what their medication was for and gained their consent, before giving them their medication. People were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines.

We observed staff giving a person covert medication. Staff explained that the person would only take their medication if it was given to them covertly in their food. This had been agreed with the general practitioner, discussed with their family and a best interest's decision was made. This was documented in the persons care plan. Covert medication is where a medication is disguised in some way, such as crushing it and combining it with something such as a spoon of yogurt or honey. An example of when covert medication might be given is when a person does not have the capacity to agree to its usual way of administration but the medicine was considered important for their well being.

Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the

temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Where people had 'As required' (PRN) medicine there was guidance for staff on when to administer this. We heard staff ask people if they were in pain and if they required any medicine for this.

Staff knew the people they supported well. Risk assessments for individuals were completed as part of the assessment and care planning process. This meant that risks had been identified and minimised to keep people safe. Risk assessments included information for staff on how to reduce identified risks, whilst avoiding undue restriction. These included the risks of falls, malnutrition and risks of developing pressure ulcers. Established risk assessment tools such as the Waterlow Pressure UIcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments to ensure people's nutritional and pressure sore risks were appropriately assessed and managed. The measures taken, which included the use of moving and handling and pressure-relieving care, were effective. The registered manager told us that constant audit and review had resulted in a marked reduction of the number of incidents of people falling and people developing pressure ulcers.

We saw staff provided care in a way that supported people's safety, for example we saw people being supported to move by staff using a hoist and we saw this was done slowly and carefully. We observed safe moving and handling practices throughout the day and saw that people were supported to mobilise with assistance. Risk assessments were in place and people were protected from harm and risks of falls by the use of raised toilet seats, handrails and stair lifts throughout.

The home was clean and odour free. People told us the home was always clean and tidy. We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness of the home and there were satisfactory infection control measures in place. However, during our tour of the building it was noted that there were toiletries left in the communal bathrooms which could potentially be an infection control risk if used by multiple people and a potential swallowing risk for people living with dementia. We discussed this with the deputy manager who took immediate action to remove the items informing the staff that peoples personal toiletries must be kept in their rooms.

People using the home told us that there were always enough staff available to support them. One person said "there's always staff around to help" another commented "they answer the bells really quickly". Additionally, staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. They explained that there was always a member of staff allocated to each of the three lounge areas to support people. One staff member told us, "there are enough staff to manage the needs of the residents." Another said, "there is a good skill mix in terms of staff and senior staff are always present and help out."
The deputy manager told us that they decided on the staffing levels by assessing people's individual needs on a regular basis and did not use a specific dependency tool for this purpose. All staff absences were covered by the staff or the management team to ensure that people were cared for by staff that they knew, instead of relying on agency staff.

The staff recruitment procedures in the home were safe. Appropriate checks were undertaken before staff began work. Staff employment files contained information to show the provider had taken the necessary steps to ensure they employed people who were suitable to work in the care sector before they started work at the home. Staff files included character references, employment histories, job descriptions and a Disclosure and Barring Service (DBS) check. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer

recruitment decisions and prevent unsuitable people from working with vulnerable groups. These measures ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults.

People were cared for in a safe environment. Radiators were covered to protect people from burns and windows had the appropriate and safe restrictors in place to reduce the risk of people falling out. Fire equipment and emergency lighting were in place and fire escapes were clear of obstructions. The premises and equipment were maintained to ensure people were kept safe. The registered manager arranged for the maintenance of equipment used including the hoists, lift, stand-aids and fire equipment and held certificates to demonstrate these had been completed.

People's needs had been identified so they would be supported in the event of an emergency. People had PEEPs (personal emergency evacuation plans) in case of fire or emergency. This is a plan that is tailored to people's individual needs and gives detailed information to staff about supporting people's movements during an evacuation.

Good

Is the service effective?

Our findings

People were cared for by staff that were suitably trained and supported to provide care that met people's needs. Relatives told us that, in their opinion, staff were appropriately trained and skilled to meet the needs of their family member.

We spoke with staff who told us they had excellent support and training since their employment. Staff had received mandatory training in line with the provider's policy and procedures in areas including safeguarding, health and safety, the management of medicines, caring for people with dementia, infection control and moving and handling. All training was relevant to the needs of people using this home. The dementia training covered modules on person centred approach, communication, equality and diversity, medication and understanding behaviour.

Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 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 make 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 it is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if the provider was working within the principles of the Mental Capacity Act 2005. Some of the people living within the home lacked capacity to make important decisions for themselves. We saw when needed mental capacity assessments were in place. When people were considered to lack capacity they were assessed and a best interest decision was made. Decisions were made through consultation with the registered manager, relatives and a relevant professional. Where people then required a DoLS authorisation to maintain their safety, for example, in the need of bedrails to prevent them failing from bed, the appropriate applications had been made.

Staff had a good understanding of the Mental Capacity Act 2005. They were aware of people's rights to make decisions about their lives. We observed staff checked and asked people for their consent before they provided any kind of support. Staff explained the support they were going to give in a way that people understood. Staff told us that If people declined the help offered they would respect the person's wishes and return to offer the support again at a time when the person was ready to accept it.

Staff said they had received an effective induction programme. One staff member told us their induction involved shadowing other colleagues and completing training to enable them to build on their existing skills which helped prepare them for their role. Shadowing is where new care staff are partnered with an experienced member of care staff as they perform their job. This allows new care staff to see what is expected of them.

People were supported by staff who received regular supervision and appraisal of their work. Staff told us they received the support they needed to carry out their roles. They said the deputy and registered manager were very approachable and supportive. Staff received two monthly observed supervision of their practice and had three monthly appraisals. Staff said they found these meetings helpful, were asked for their ideas about developing and improving the home and were able to identify and request training and support. One member of staff said "you need to have supervision; it helps you do your job better".

People said that they liked the food and enjoyed their meals. They said they had a choice of breakfasts which included poached egg on toast. We saw that there was a choice at other meals too. One person told us that they had enjoyed their lunch of mashed potatoes, chicken curry and vegetables. Another person, after eating all of their lunch, said, "I really enjoyed that." The food looked and smelled appetising. We spoke with the chef about the combination of mashed potato and curry and were told that when they had tried the more traditional curry with rice, people were not eating the rice so after speaking with people and responding to their preferences the menu was altered. One person we spoke to confirmed that this was a combination they liked to eat.

Where people required assistance from staff to eat and drink, assistance was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was given. Hot and cold drinks, and snacks were available throughout the day, for example, one person told staff during the afternoon that they were hungry. A snack was provided to keep them going until it was time to have their next meal.

When we spoke with the chef they demonstrated a clear understanding of people's individual nutritional needs. They showed us records which confirmed they catered for a range of individual tastes and how they had established a varied five weekly menu which was rotated. This had been developed through asking people about their preferred meals and assessing what was the most popular choices. One chef told us "I've been here so long, I know them so well that I know what they do and don't like".

Menus had been adapted when it was needed in order to cater for people who had needs linked to conditions such as diabetes, those who required nutritional supplements and people who require a low fat diet. Staff demonstrated their knowledge and understanding of people's nutritional needs. They followed care plans for issues such as encouraging people to eat and drink enough.

People's healthcare needs were met. The home ensured that people were supported by healthcare professions such as dietician's, opticians, dentists, the mental health team and district nursing teams to meet their on-going health needs. People told us that they had access to a local community nurse and their doctor when they needed to see them. We were told by the registered manager that after gaining the necessary consent form the people, they had arranged for the home to work closely and be covered by one GP only. This arrangement ensured familiarity and continuity of care for the people which aided a quick response and more effective healthcare service. People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Staff told us that they called the district nurses when they needed them. They took advice from them and put their recommendations into action. For example, a carer told us one person needed a pressure relieving mattress on their bed as part of their care plan to help prevent them developing pressure ulcers. They said the nurse told them what the pressure setting for this should be, and their job was to make sure that is what the mattress was set at.

We spoke with healthcare professionals who were very complimentary and confirmed that staff were receptive and responsive to advice provided. They advised that communication was good and they were alerted at the earliest opportunity to provide support and interventions.

Good

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the care they received. One person said, "they look after people very well". Another person said, "the girls are all so very good". Other comments included, "I don't think they could do any better," "If I want anything I just press the bell, they can't do enough for you". "Very kind and friendly, they really are interested in the residents, they want to know everything about you". Relatives confirmed, "we can see residents are well cared for with their specific needs" and "this home is 110%, the staff and managers are wonderful". Another relative said "the whole team have worked hard to get [relatives name] back on her feet, mobile and generally much happier and contented with her new lifestyle". Staff told us how much they enjoyed working with the people. One staff member said "I love it. It's my first job; it's what I always wanted to do. I love how rewarding it is, it's a challenging job but it's worth it".

We found the atmosphere at the Croft to be homely and relaxed and we observed staff chatting with people in a familiar but respectful manner which helped to make sure people's dignity was promoted. From our observations we saw staff making sure people were comfortable in their room or wherever they chose to sit in the home. Staff were attentive to people's needs and responded to people's requests with patience, kindness, warmth, friendship and were having fun with people.

We saw that people's rights to privacy and dignity were always respected. All care was provided in private and where there were shared bedrooms, there were privacy screens available. We overheard staff discreetly reminding people to visit the toilet and helping them to find the toilet. Staff were polite and said they were taught to treat people like a member of their own family. People told us staff were caring and whilst they might have their favourite carers, they were all good. Staff attended to people in a relaxed way and at a relaxed pace. One of the most noticeable features of The Croft was how calm and relaxed it was. When the cook left the home for the day, we heard him saying goodbye to people.

People who required it were reassured by staff and, in the case of people with dementia this was repeated as many times as required to give them re-assurance and comfort. For example we saw a person who appeared a bit lost and looked upset. A member of staff immediately went to them and patiently asked if they were ok, waiting for their response, reassuring them that they were fine and everything was ok. They went and got some juice and a magazine and sat down with the person and we saw that the person was then, smiling and relaxed.

People were encouraged to be involved in every aspect of their care. People said they were consulted about their care needs and how they wished to be supported. People's wishes in relation to their manner of dress and lifestyle were respected. For example we saw people were well presented and their personal care needs had been attended to. Their hair looked clean and washed and they were dressed in clean and co-ordinated clothes appropriate for the time of year.

People's end of life needs were planned with them. Records detailed how people would like their end of life to be met. People were cared for by staff trained to support people and their families at the time and are supported by the local hospice service, Rowcroft at Home, Marie Curie and the district nursing teams

Good

Is the service responsive?

Our findings

We spoke with people living in the home, family members, the registered manager, deputy manager and care workers and the feedback demonstrated that the home was very responsive to meeting the needs of people living there.

The registered manager had purchased a new electronic care planning process called "Person-Centred Care". This was introduced and in use daily by all staff and backed up by paper document care plans. Staff were very supportive of the new system as it allowed them to update people's daily records as they went along. Staff could alert and be alerted of any concerns, risks or changes in people's needs quickly. This ensured that any issues for immediate action by team leaders or the registered manager was immediately recognised and acted on. Staff told us they had more time to interact and work with people as their need to write information down had been replaced by this system. We observed staff asking one person a question about their care and their response was immediately recorded.

People were carefully assessed before moving to live at The Croft to help ensure staff could meet their needs. Initial assessments of people's needs were then drawn up into brief care plans so appropriate care could be given by staff from the start of the person's stay at the home. People were involved in writing their care plan as much as possible. Family involvement was encouraged and care plans were shared with people and relatives. Any changes to people's needs were updated in the care plan.

We saw care plans were person centred, reflected the individual way in which people wanted to be cared for and included their choices and preferences. One page was titled "Who I am" gave details about the person and their personal history, people who are important to them and their likes and dislikes; for example what programmes they like to watch on TV or listen to on the radio. This profile gave a real sense of the person so that staff could get to know them well. We saw in one person's profile that they had been a bus driver. This person very proudly showed us a framed picture of the type of bus they drove, which had been displayed in the lounge. They were able to reminisce about happy times and this gave staff an insight of who the person had been, what their life had been like and what was important to them.

However, we identified that some areas in the care plans could provide more guidance to staff, including risk assessments which needed to be more personalised and expanded upon. For example where care plans stated that people needed support to wash, there were no instructions on how this should be achieved to ensure that an individual's preferences, abilities and involvement were considered. This could mean that care may be inconsistent and given to the person in a way that they did not like or choose. We spoke with the deputy manager about this and they assured us that this would be addressed immediately. However we were told by some people that they were confident and comfortable telling staff what they can do and like to do for themselves. Staff told us that they consult the care plans and risk assessments daily. One described how residents were safe because they consult the care plans and had daily handovers, "The care plans reflects the care and what we do and what has happened previously".

People's individual needs were assessed and risks were reviewed once a month, or earlier if required. In

addition to these reviews, daily handovers enabled staff and management teams to review the needs of people. Where there had been changes to people's needs, medical or otherwise, advice was sought quickly.

The registered manager told us all people in the home were allocated to a key staff team. The key team were responsible for their residents physical, emotional, psychological needs and welfare. The team helped people to settle into their new environment and become acquainted with people and staff. We were told that by assigning people to a team of carers rather than one individual key worker ensures that there was always a member of their team on duty who knew them well and could address issues and give help and advice.

During our inspection we saw people participating in several activities, on an individual and group basis. For example sitting in groups with staff and chatting, listening to music, reading their newspaper and entertaining visitors. Staff were present in one of the lounges and there was lots of laughter and talking. In the quieter lounges staff visited throughout the day to check if people needed anything. In the afternoon we saw one staff member engaging people in a quiz about foods, we saw that people were enjoying themselves and having fun.

The home had an activities co-ordinator who planned a range of activities for people who live at the home taking into account people's abilities and interests. A range of current and up and coming activities were advertised. These included: bingo, wheel of fortune game, movie afternoon, arts and crafts, quizzes as well people visiting the home to entertain such as a harpist, accordion player and singer. The home had attractive gardens and outdoor seating areas and staff supported people to use this when they wish to.

People told us that they enjoyed the activities. One said "I always take part in the music, it's very good" another said how they particularly enjoyed the female singer who also spent time with people taking part in one to one interaction. However, another person said, "I don't really take part in the activities, I like staying in my room watching television". They told us that staff always respected this and it was their choice. This showed that people's preferences had been identified and respected.
One staff member described how much they enjoyed taking part in the activities with the people, "the music thing, I love it! All the residents love it, they all sing along, really enjoying it".
Staff told us about how one person, who liked to go out for a walk, was taken out by the registered managers husband on a regular basis to stretch their legs, giving them one to one time and fresh air. They reported that the person was finding this most enjoyable.

The home had a complaints policy in place with clear details of how people could complain if they were not happy about the service they were receiving. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person told us "if I had a complaint I would speak to the managers and they would soon sort it". The deputy manager told us that if people raised concerns they acted on them immediately which reduced the need for formal complaints.

People were encouraged and supported to develop and maintain relationships that were important to them. Family and visitors felt welcome and were encouraged to visit.

There was a range of compliment cards. Some of the comments included; '(name) room is always neat and tidy. Also the smell of home cooking must whet peoples appetite" and "The whole team have worked hard to get (name) back on her feet and mobile and getting her generally much happier and contented with her new lifestyle" and "We can see residents are well cared for" and "Every home should try to emulate this one".

Good

Is the service well-led?

Our findings

The Croft had a registered manager and provider in day to day charge at the home. For most of the inspection the manager was not available. During their absence, people and staff were supported by the deputy manager. The management team clearly understood the requirements of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

There was a culture of openness and transparency within the home. The atmosphere was friendly and relaxed. All staff interacted well with the management team and there was a clear management structure in place. Staff had a clear understanding of their roles and responsibilities. The registered manager ensured that staff were aware of their responsibilities and accountability through regular supervision and both the registered manager and deputy manager acted as role models by working alongside staff to observe and support practice. Staff told us they were well supported in their day to day work as well as to undertake training, develop their skills and take part in the development of the service. The staff felt that the registered manager took on board any suggestions to improve and develop the home and they all had input during team meetings on how to improve care.

There was positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the home was run. A member of staff told us, "management and leadership are very good, they're always available" Another told us, "she (the registered manager) always listens to any concerns and is supportive".

Staff said they worked well as a team, "Its brilliant, staff, management, residents we talk and work together as a team" and "the nicest thing is the nice staff". We saw friendly and jovial interactions between staff. Staff told us the home had a positive culture. They told us that management had an open door policy and that they would feel comfortable and not hesitate to raise concerns with their registered manager and deputy manager. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. The utilities were checked regularly to ensure they were safe and essential checks such as that for legionnaires and of fire safety equipment took place. We looked at the audits completed by the service. Audits were completed monthly and covered areas such as the environment, cleanliness, equipment, infection prevention and control, care plans, pressure ulcers, and falls. We also saw that medication audits took place regularly with random spot checks performed by the management team to assure quality and safety. Any action required from the audits was documented and addressed. We were told by the deputy manager that recent action from these audits had resulted in the purchase of an upgraded steam cleaner to enable the home to steam clean on a regular basis. This ensures that the home protects people where ever possible, from outbreaks of communicable diseases such as Norovirus. It was

noted from the PIR that the home had also invested heavily in appropriate washing machines and dryers and thus promote high standards if hygiene. This ensured the service complied with legislative requirements and promotes best practice.

There were procedures in place for recording incidents and accidents. Any accidents or incidents relating to people who lived in the home were documented and actions were recorded. The registered manager checked and audited the forms to identify any risks or what changes might be required to make improvements for people living at the home.

We found that people's care records overall had been well maintained and amended as people's needs changed. Records relating to other aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date. The registered manager had put in place a large number of policies to underpin service quality and safety. These include procedures related to environmental safety, staffing and care practices.

It was evident there was good involvement from other health professionals with a quick response when this was required. One health professional commented "I find them to be very caring at a day to day level, but also at a higher planning level. The manager, as well as the other staff, seem to know their moods, needs and preferences intimately. What seems to me outstanding is that when an admission is planned, the manager will visit the prospective client with the relatives at home some months beforehand to get alongside them. They ask for my help in a timely and appropriate fashion. All in all very kind and very professional"

The home carried out regular customer satisfaction surveys which included questions about the standard of care. Results of this feedback showed people were satisfied with the service. Where there were suggestions for improvements, there was evidence that these had been responded to and actions put in place to resolve the issues. For example one person had suggested that their relative should have access to a drink in their room. This was immediately investigated and the person asked if they wished to have a jug of their choice of refreshment in their room. This was declined and their decision was respected. The registered manager then informed the relative.

The homes philosophy of care is to treat everybody as an individual with dignity, privacy and respect and this is reinforced by their charter of rights for the residents which is displayed throughout the home.