

Inspection Report

Name of Service: Croft Communities Limited Residential Care Home

Provider: Croft Communities Ltd

Date of Inspection: 26 September 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Croft Communities Ltd
Responsible Individual/Responsible Person:	Mrs Mary Elaine Armstrong
Registered Manager:	Mrs Caroline Barr- not registered
Service Profile –This is a registered residential care which provides health and social care for up to 16 residents. Residents have a range of needs and the home provide care for people living with a learning disability under and over 65 years of age. There are a range of communal areas for social activities and all areas are on the ground floor. There have been no changes in registration status since the last inspection.	

2.0 Inspection summary

An unannounced inspection took place on 26 September 2024, from 10 am until 6 pm by two care inspectors. The purpose of the inspection was to ascertain whether care was safe, effective, compassionate and well led. The inspection also gathered evidence in relation to the plans for improvement in specific areas identified in the last care inspection on 7 December 2023.

It was evident that staff promoted the dignity and well-being of residents for example facilitating privacy when assisting with personal care. The home setting is very personalised to the residents and has a welcoming atmosphere. There was evidence that residents were involved in and given the opportunity to choose how their bedrooms were decorated.

As a result of this inspection, two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents who were unable to verbally communicate their experience of living in the home were observed to be happy, in how they smiled and laughed with one another. Residents were welcoming and engaging and residents enjoyed meaningful activity and entertainment of their own interests such as jigsaws.

One resident stated "food's good alright, I like it alright" and "staff are all very nice here". Another resident stated "I feel safe and the staff are all nice. Get to do things I like and I go on day trips". A resident also said "The food's good, I get a good choice". Another resident said "I love it here; the staff are wee gems". Residents also reflected on having special items which enabled them to engage in particular hobbies they enjoyed.

Staff spoke very highly of the residents and spoke warmly about their role in the home saying how they loved working with the residents.

Residents feedback questionnaires were received and indicated that residents enjoyed their home life and felt well cared for: some of the comments shared included "the staff are great".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing.

Review of the staff duty rotas established that, in the absence of the manager, there was not always a person clearly identified as being in charge of the home. An area for improvement was stated for a second time. There was also gaps in the rota where there was no person scheduled to be in charge. Discussion with staff evidenced that staff were not always aware of who was in charge, and at times, this created confusion as there was a lack of clear delegation of responsibility in daily tasks. A new area for improvement was made.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. There were times when staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, and engaging. Staff were able to provide information about resident's care needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Some of the residents were on a day trip and did not return until later in the afternoon. There was choice of meals for example lunch in particular was based on individual request. In the communal areas, there was evidence that residents were able to choose from a variety of options which activities they would like to engage in.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm and relaxed. It was observed that residents were enjoying their meal and their dining experience. Residents had a choice of what they wanted to eat and there was a variety of drinks on offer. Some residents may need their food to be modified to reduce the risk of choking. Residents received the correct type of food that was assessed to be safe for them. One resident also required additional supervision during meal times however the inspector had to intervene as staff were not providing this on the day due to being busy with another task. This was highlighted to the home's management team for immediate action and an area for improvement was identified.

The importance of engaging with residents was well understood by the manager and staff. The home does not have a designated activities coordinator but activities are carried out by care staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, watching T.V or engage in individual activities with the company of others in the lounge.

Staff understood that meaningful activity was not isolated to the planned social events or games. The weekly programme of social events was not displayed as this area was being prepared for redecorating. Staff advised that there is the opportunity for residents to book some of the interactive facilities on the grounds, such as interactive games table for games.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Review of a sample of resident's care plans identified that assessments and care plans had not been regularly reviewed or updated to ensure they reflected the residents' current or changing care needs. This area for improvement was stated for a second time.

Residents' care records were held confidentially and there was evidence to indicate that residents had been actively involved in developing these. Some supplementary care records, for example body maps, were not fully updated and did not evidence what monitoring staff had completed if a resident had fallen. An area for improvement was identified.

Some staff did not appear confident in their knowledge and understanding of the specific additional physical health care needs of one resident. Related care records did not fully reflect the input of the multi-disciplinary team of various health professionals, and related decision making. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Art work undertaken by residents as part of the activity programme were on display throughout the home. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Discussion with manager confirmed that there was a refurbishment plan to replace some furniture due to wear and tear and there was evidence of redecorating.

The home was clutter free and homely, however one cupboard holding electrical equipment and pipes was being used to store clothing. This was discussed with the manager and was fully addressed on the day.

In a number of rooms across the home, items such as cleaning products, air fresheners, batteries and scissors were not being securely stored and left accessible to residents. Staff removed these items immediately. An area for improvement was identified.

Audit systems were in place to monitor infection prevention and control practice to ensure staff compliance. However, these audits were not fully completed on a regular basis and issues with staff practice was identified during the inspection. Staff did not use Personal Protective Equipment (PPE) appropriately, and some staff were wearing jewellery and nail polish. This area for improvement will be stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Caroline Barr has been the manager in this home since 9th January 2023 and is in process of registering with RQIA.

Residents said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well.

A number of management and governance records were requested by RQIA and were not made available on the day. This included reports of the completed monthly monitoring visits by the registered provider. This was discussed with the management team and two areas for improvement were identified.

Review of some records did not provide assurances that the manager had sufficient oversight. For example, senior management held the Fire Risk Assessment and a lack of sharing of information resulted in the manager not having sufficient knowledge of its details. This will be reviewed at a future inspection.

Review of a sample of records that were provided during the inspection did not provide assurances that the manager had robust processes in place to monitor the quality of care and other services provided to residents. Processes which were in place were not meaningful or embedded into practice, given the inspection findings; for example, there was limited evidence of actions being taken to improve staff's adherence to effective hand hygiene. There was no evidence that the manager was monitoring or maintaining oversight of staff practice or completed hand hygiene audits. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	*5	*9

*The total number of areas for improvement includes one Regulation which has been stated for a third time, and four standards that have been stated for a second time. One standard has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Third time To be completed by: With immediate effect	<p>The registered person shall ensure that all staff adheres to current guidance regarding the use of PPE, hand hygiene and being bare below the elbow. Staffs' use of PPE and hand hygiene should continue to be monitored. If necessary staff should be provided with appropriate training to ensure that they understand their responsibilities in this area and embed their training into practice.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: The registered person has ensured that all staff are adhering to current guidance regarding the use of PPE, hand hygiene and being bare below the elbows. The registered person has ensured that all staff have received Infection Control Training, and that Hand Hygiene Audits are completed as required. Staff are checked daily to ensure they are compliant, and Agencies that supply temporary staff have been advised of the required standard in terms of infection control.</p>
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: with immediate effect	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which residents have access to are free from hazards to their safety.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: The registered person has ensured that as far as reasonably practicable that all parts of the home are free from hazards. The registered person completes Health & Safety walkarounds of the service to ensure all areas are clear and hazard free. The registered person has reminded staff to use lockers provided to store their personal belongings.</p>

<p>Area for Improvement 3</p> <p>Ref: Regulation 29 (5) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall maintain a copy of the monthly report on the conduct of the home. A copy of the report must be kept in the home and available on request to residents, their relatives, and RQIA.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The registered person maintains a copy of the Monthly Monitoring Visit both on M Drive of Cedar electronic system and also in a Quality file, both of which are easily accessible should copies be required by residents, relatives and RQIA.</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 19 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person will ensure the records required under the HPSS (Quality Improvement and Regulation) (NI) Order 2003 (Regulations) are up-to-date, accurate and available for inspection in the home at all times.</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that records required as stipulated above, are up to date, accurate and available for inspection. There is an Audit File which evidences all audits undertaken.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the duty rota identifies the person in charge of the home when the manager is not on duty.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered person has reviewed all rotas and they now reflect clearly who the person in charge is when the manager is not on duty. There is a key on the rota to show how this can be identified.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.3</p> <p>Stated: Second time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall ensure that staff receive Mental Capacity Act training, in line with their roles and responsibilities.</p> <p>Ref: 2.0</p> <p>Response by registered person detailing the actions taken: The registered person has reviewed the Training Database and has ensured all staff have received Mental Capacity Act training at the level appropriate for their role.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall ensure that care plans are kept up-to-date and reflects the residents' current needs.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The registered person has implemented a review system to review all care plans and to ensure these are accurate and up to date. Team Leaders have received training on care planing to support with completion.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person will ensure that there is a competent and capable person scheduled to be in charge at all times.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The registered person has reviewed and updated all Person In Charge Competency records to ensure the person is competent and capable of being in charge of the shift/service.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person will ensure that staff are aware of matters concerning any residents' eating and drinking as detailed in each residents' care plan. This is specifically in relation to there being supervision provided relevant to the needs and assessed risk of the residents for mealtimes.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that staff are aware of all residents' SALT guidelines and that supervision while eating is provided where assessed for identified residents who are at risk.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person will ensure that the general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from other services when necessary and documented in the residents' records. This is specifically in relation to documenting multi-disciplinary decision making.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that the health welfare of all residents is continually recorded and monitored. In collaboration with multidisciplinary teams, sharing information and reports to ensure information is accurate and up to date. Team Leaders have received training on record keeping and importance of same.</p>

Area for improvement 7 Ref: Standard 8.2 Stated: First time To be completed by: 1 December 2024	The registered person will ensure records maintained for resident's detail accidents, incidents or near misses occurring and action taken. This is in relation specifically to post falls records being accurate and up to date. Ref: 3.3.3
	Response taken by registered person and detailing action taken The registered person has ensured that records are maintained in line with Cedar processes relating to incidents, accidents and near misses. The registered person will ensure that any required post falls records required are accurate, up to date and stored within resident's care file.
Area for improvement 8 Ref: Standard 20.10 Stated: First time To be completed by: 1 December 2024	The registered person will ensure that working practices are systematically audited and actions taken when required. The manager will have oversight of this specifically in relation to fire risk assessments. Ref: 3.3.5
	Response taken by the registered person and detailing action taken: The registered person will ensure that all required audits are completed thoroughly and accurately. On occasions the registered person may delegate to a Team Leader to complete audits, however the registered person will sign these off and will always have full oversight of these audits. The registered person has ensured the Fire Risk Assessment for the service is completed and clearly shows that actions identified have been addressed. The documents are also accessible.

Area for improvement 9 Ref: Standard 24.2 Stated: First time To be completed by: 31 March 2024	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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