



Unannounced Care Inspection Report

27 June 2019



The Croft Community

Type of Service: Residential Care Home
Address: 71 Bloomfield Road, Bangor BT20 4UR
Tel no: 028 9145 9784
Inspectors: Alice McTavish and Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home with 16 beds that provides care to adults who have a learning disability. The home has two units – Mayne House, which accommodates nine permanent residents and Croft Lodge which provides short term respite care to a maximum of seven residents. Day care is also provided in two separate buildings on the same site, The Barn and The Coffee Shop.

3.0 Service details

Organisation/Registered Provider: The Croft Community Ltd Responsible Individual: Linda May Wray	Registered Manager and date registered: Alan Hutchinson 14 October 2015
Person in charge at the time of inspection: Linda Wray	Number of registered places: 16
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: The home is also approved to provide care on a day basis only to 15 persons

4.0 Inspection summary

An unannounced inspection took place on 27 June 2019 from 09.35 hours to 17.30 hours.

This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of the last finance inspection were also reviewed.

Evidence of good practice was found in relation to staff supervision and appraisal, adult safeguarding, the home's environment, care planning, risk assessments and recording. We also found evidence of good practice in supporting residents to adapt to new situations and in the multi-agency working to achieve this. There was evidence, too, of the introduction of initiatives to improve the quality of staff training and support to staff.

Areas requiring improvement were identified. These related to Enhanced AccessNI checks being made for all staff who change their roles within the organisation, the visits by the registered provider and the home's Statement of Purpose.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them, professionals and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Linda Wray, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 3 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings of previous estates and pharmacy inspections, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, their relatives or staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 23 June to 29 June 2019
- one staff recruitment file
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from February 2019 to June 2019
- reports of visits by the registered provider from February 2019 to May 2019

- the home's Statement of Purpose
- RQIA registration certificate
- residents' transport/journey records
- residents' individual written agreements with the home;
- written financial policies and procedures
- residents' income and expenditure records
- evidence of adult safeguarding training for administrative staff
- records of the reconciliation of residents' monies and valuables
- residents' personal property lists

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care and finance inspections

Three areas for improvement were identified at the last care inspection and have been assessed as met. Seven areas for improvement were identified at the last finance inspection and all areas were assessed as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The person in charge and staff on duty confirmed that staffing levels were safe and kept under review. There was senior care staff on duty along with support workers, and administrative staff on duty during the day with senior support workers and support workers in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly respond to the needs of residents and to provide the correct level of support.

We looked at a staff personnel file to make sure that staff were properly recruited and that all pre-employment checks had been made. We saw that staff were properly vetted and suitable to work with the residents in the home at the commencement of employment with the organisation. We saw, however, that when staff later changed their role, no further vetting checks were made.

We looked at the home's policies and procedures in respect of such changes and found that they did not always cover this area. We asked that Enhanced AccessNI checks are made for all staff who change their roles within the organisation in order to meet the regulations. We advised the responsible person that the relevant policies and procedures should also be reviewed to reflect any changes in how the organisation manages changes in staff roles.

Staff induction, supervision and appraisal

We spoke with staff who told us that they had a thorough induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). This procedure is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. Staff also told us that they got supervision and an annual appraisal with their manager.

Staff training

Staff told us about the training they received to do their jobs safely and advised that all training was up to date. We saw evidence of this in a staff file. The person in charge described how the organisation was making changes to staff training and how there would be more face to face training in future.

Safeguarding residents from harm

Staff in the home described how residents were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The organisation had a safeguarding champion. A report on the safeguarding arrangements for the previous year was completed.

Staff were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations. Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues.

A member of senior staff described how safeguarding referrals would be made to health and social care trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around Mayne House and Croft Lodge and saw that both buildings were in good decorative state. The houses were kept clean and warm and smelled fresh. We looked in the bedrooms of some residents, with their permission. Each bedroom had an en-suite bathroom. The bedrooms and bathrooms contained residents' personal items and belongings.

There were lounges and dining rooms for the use of residents with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Restrictive practices

It is important that where choice and control are restricted due to people’s understanding, restrictions are carried out sensitively and comply with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of residents’ abilities and level of decision making and they were able to describe how and why restrictions were used. We saw in the care records how the need for any restrictions was assessed by specialist trust and home staff; restrictions were kept under review and removed when no longer necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff supervision and appraisal, adult safeguarding and the home’s environment.

Areas for improvement

An area was identified for improvement in relation to Enhanced AccessNI checks being made for all staff who change their roles within the organisation.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

Senior staff described a robust assessment and admissions process before residents could be admitted to The Croft Community for respite or long term care. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. Staff described how there was good working relationships between staff in the home, professionals and other agencies and how this helped in the planning of care for residents.

Staff told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how care reviews were completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and ethos of the home

We could see that the interactions between staff and residents were positive. There was a relaxed atmosphere throughout the home, with residents clearly at ease with staff. Staff were attentive and responded promptly to residents' needs.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident liked to do and residents' daily routines were recorded. Staff told us that the residents' routines were carefully planned to meet residents' specific needs although a flexible approach was adopted, where necessary.

We could see that staff could communicate well with residents who needed additional reassurance or support.

Activities

Staff told us about the wide range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings.

Residents said that they enjoyed the activities on offer. A resident said: "I love it here. I am going on holiday and the staff are coming with me."

Resident involvement

We spoke with staff about how residents were given the opportunity to discuss any issues and to make suggestions about how they live their lives in the home and how they spend their time. Staff told us that residents were consulted about their routines and activities and individual preferences were accommodated as far as possible. Staff also reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was a satisfaction survey completed annually by residents and their family members. We looked at the summary report for the latest survey and saw that responses indicated a high level of satisfaction with the care, services and facilities in the home. We saw that actions were identified for further improvement but there was no timescales set for these. We discussed this with the person in charge who agreed to incorporate this into future reports.

A member of staff described the staff team as being 'fabulous' and reported that there was great team working, the management was very approachable and extremely supportive and staff practice was very person centred. "I feel blessed that I was successful in getting a job here...it doesn't feel like work at all!"

We spoke with a resident's relative who told us that the respite service offered in Croft Lodge was so important to his family and said: "I am very pleased with the care provided here. The staff are kind, they put (my relative) at the centre and work around him. They know his individual preferences and needs and routines. When we go on holiday, we get photographs from (other family members) showing us that (our relative) is well. (Our relative) is always clean and nicely presented when we collect him. He is never unsettled or shows any indication of being upset. I feel confident that staff are well trained to look after the residents. I know how to make a complaint, but I haven't needed to do so."

We spoke with a specialist nurse who told us that the staff know the residents very well and know their care needs and their individual personalities; the staff familiarity with residents had helped the nurse to form a good working relationship with the residents. The nurse reported that staff in the home were very good at letting the community team know of any changes in residents' care needs or health. The nurse told us that she had no concerns about the quality of care provided in The Croft Community and that this was also the feeling amongst her colleagues.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The person in charge described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The person in charge described how the manager spends time completing managerial tasks to make sure he is satisfied that the home runs well; the manager completes audits of all operational areas and looks for any ways in which these areas can be improved and ensures that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately and documented in detail. Any learning from complaints was shared with the staff team.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. Some compliments received since the last inspection are as follow:

- “We are delighted with this vital respite service that you provide which gives us such peace of mind when we are given the opportunity to have time to ourselves. We cannot emphasise enough the importance of this lifeline that ...the team provide.”
- “(My relative) absolutely loves it, and I do think she missed you all when she came home. I am so proud of her growing in confidence and enjoying being her own person. I am so grateful to you all for providing such an amazing place and space.”

Accidents and incidents

Staff in the home told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents. We looked at these records and found that they were satisfactory.

Communication

Staff in the home told us that the manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. There were detailed written handover records exchanged by staff between each shift to ensure that that correct information was passed on. If there were any changes to a resident's care plan, these were shared with staff.

Visits by the registered provider

The home was visited by a representative of the registered provider each month to ensure that all aspects of the running of the home were reviewed. We looked at the reports of the visits between February and May 2019. The reports also showed evidence of engagement with residents, their families and staff to obtain their views on the care in the home; audits, complaints and reports were checked to ensure they were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed. We saw, however, that the reports covered only parts of the registered service each month. We asked that the monthly visit covers Mayne House, Croft Lodge and the day services on each occasion in order to meet the regulations.

Quality improvement

The responsible individual reported that there were several changes already in place or planned which were designed to improve the quality of care in the home. The organisation was working on ways to meet the new Mental Capacity legislation requirements which were due to come into force in October 2019; she and the manager were to undertake training in the delivery of Deprivation of Liberties Safeguards training to staff which would further support a Human Rights approach to care for residents.

The organisation was committed to promoting NISCC standards of conduct and practice so that staff can practice safety and avail of further professional development. A regular bulletin has recently been introduced which sets out the codes of conduct and any learning from Fitness to Practice hearings. It also emphasises the need for staff to keep NISCC registrations current.

The home's Statement of Purpose

We looked at the Statement of Purpose and found that it covered the residential care home and the supported living service. We asked that a separate Statement of Purpose is developed for the residential care home to meet the regulations.

Management of service users' monies

We found that controls to safeguard residents' monies and property were in place and were operating effectively.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management and oversight of residents' monies and valuables, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

Two areas were identified for improvement. These related to visits by the registered provider and the home's Statement of Purpose.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linda Wray, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 4 b i Stated: First time To be completed by: 27 June 2019	<p>The registered person shall ensure that Enhanced AccessNI checks are made for all staff who change their roles within the organisation.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person has amended the relevant Policy to reflect this requirement and will ensure this is completed as part of the recruitment process if appropriate</p>
Area for improvement 2 Ref: Regulation 29 4 Stated: First time To be completed by: 31 July 2019	<p>The registered person shall ensure that the visit by the registered provide covers Mayne House, Croft Lodge and the day services on each occasion.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person has discussed and agreed to develop a format for future external audits that will cover all services under the Residential registration No. 1594</p>
Area for improvement 3 Ref: Regulation 3 1 Stated: First time To be completed by: 30 September 2019	<p>The registered person shall ensure that a separate Statement of Purpose is developed for the residential care home.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person has updated and compiled a separate Statement of Purpose for the services provided under Residential Registration.</p>

Please ensure this document is completed in full and returned via Web Portal



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