



The **Regulation** and
Quality Improvement
Authority

The Croft Community
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**Unannounced Care Inspection
of
The Croft Community**

12 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 12 November 2015 from 09.45 to 14.00. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report in relation to the management of complaints and the completion of annual satisfaction questionnaires.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Alan Hutchinson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: The Croft Community Ltd/Yvonne Mc Caughren	Registered Manager: Alan Hutchinson, registration pending
Person in charge of the home at the time of inspection: Alan Hutchinson	Date manager registered: Application made to RQIA on 14 October 2015
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 32
Number of residents accommodated on day of inspection: 15	Weekly tariff at time of inspection: £537 - £752

3. Inspection focus

The inspection sought to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous care inspection report and notifications of accidents and incidents.

We met with three residents, two care staff, the cook and the manager. No visiting professionals and no resident's visitors/representatives were present.

We examined the following records during the inspection: care records of three residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, monthly monitoring visit reports and minutes of residents' meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 16 June 2015. There were no requirements or recommendations from the previous inspection.

5.2 Review of requirements and recommendations from the last care inspection dated 16 June 2015

As above.

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the manager and staff members they confirmed that residents' meetings were held monthly. We inspected the minutes of these meetings and could confirm that residents' views were actively sought and any actions which may be required were appropriately noted.

Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the manager and with care staff we identified that annual satisfaction questionnaires had not been recently used to obtain residents' and representatives' views on the quality of care. We made a recommendation that satisfaction surveys are undertaken annually, that the information obtained is used to identify areas for improvement and that these areas are addressed.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded. We inspected monthly monitoring visit reports which confirmed that resident views on the services provided were sought.

In our discussions with the manager and staff we confirmed that the management of complaints was covered during staff induction and in staff training. We inspected the complaints register and were satisfied that complaints were managed appropriately. We made a recommendation, however, that the complaints register should be revised to more fully reflect the process of managing complaints. We noted that compliments were recorded.

We noted that the home had a policy relating to seeking residents' views of care; we were advised by the manager that a separate policy relating to consent was in the process of being developed.

Is care compassionate? (Quality of care)

In our discussions with staff and with three residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

Areas for improvement

There were two areas of improvement within the standard inspected. One recommendation related to the completion of annual satisfaction surveys whilst another related to devising a more robust method of recording the full process of managing complaints.

Number of requirements:	0	Number of recommendations:	2
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5.4 Additional areas examined

5.4.1 Residents' views

We met with three residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- “I like living here. My room is big and they (staff) keep it clean and tidy for me and they wash and iron my clothes. The staff are good to me and I have everything I want.”

5.4.2 Staff views

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- “I love working here, it is the best job I have ever had. The residents are lovely to work with. The management is very good and if we need any equipment or training, there is no problem with getting that. I am very impressed with the amount of choices the residents have about how they live their lives.”

5.4.3 Staffing

At the time of inspection the following staff members were on duty:

1 manager
 2 senior support workers
 3 support workers
 1 cook
 2 kitchen assistants
 1 domestic

Three senior support workers and five support workers were scheduled to be on duty later in the day. One senior support worker and one support worker were scheduled to be on overnight duty. Another staff member was immediately available on site to respond to any emergency. The manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated. The Croft Community also operates an on call arrangement for additional emergency cover, if required.

5.5.4 Environment

The home was found to be clean and tidy. Décor and furnishings were of a high standard.

5.5.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.7 Whistleblowing information

In September 2015 RQIA received a completed staff views questionnaire raising concerns across several areas. The information received by RQIA was immediately shared with The Croft Community and with the South Eastern Health and Social Care Trust. Information was subsequently provided to RQIA by The Croft Community and by the Trust. We received assurances that all appropriate investigations had been completed and there was no evidence to substantiate the allegations contained in the staff views questionnaire.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager Alan Hutchinson as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 1.6 Stated: First time To be completed by: 26 February 2016	The manager should ensure that satisfaction surveys are undertaken annually, that the information obtained is used to identify areas for improvement and that these areas are addressed.		
	Response by Registered Person(s) detailing the actions taken:		
Recommendation 2 Ref: Standard 17.10 Stated: First time To be completed by: 18 December 2015	The manager should ensure that the complaints register is revised to more fully reflect the process of managing complaints.		
	Response by Registered Person(s) detailing the actions taken:		
Registered Manager completing QIP		Date completed	
Registered Person approving QIP		Date approved	
RQIA Inspector assessing response		Date approved	

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address