Unannounced Care Inspection Report
3 January 2019

The Croft Community

Type of Service: Residential Care Home
Address: 71 Bloomfield Road, Bangor BT20 4UR
Tel No: 028 9145 9784
Inspector: Alice McTavish

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.

1.0 What we look for

2.0 Profile of service

This is a residential care home with 16 beds that provides care for 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 on the same site.

3.0 Service details

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

4.0 Inspection summary

An unannounced care inspection took place on 3 January 2019 from 11.30 to 15.55.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to adult safeguarding, infection prevention and control, risk management, the home's environment, care records, listening to and valuing residents and governance arrangements.

One area for improvement was made in relation to the completion of a fire risk assessment. Two areas, relating to the home's policy on smoking and to a robust system to demonstrate that each staff member attends a fire drill at least annually, were stated for the second time.

Residents said that they enjoyed attending day care in the home and that staff helped them with to engage in lots of activities and outings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Alan Hutchinson, registered manager and acting responsible individual, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and any verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, six users of the day care service (three of whom lived at The Croft Community), and three care staff. No visiting professionals and no residents' representatives were present.

A total of ten questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a member of staff within the agreed timescale.

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

- Staff duty rota
- Staff training schedule
- Three residents' care files
- Minutes of staff meetings
- Equipment maintenance records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessments
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

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 most recent inspection dated 10 August 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 17 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 21.1 **Stated:** First time	The registered person shall ensure that the home's policy on smoking is reviewed to include current safety guidance for residents who smoke in care home settings.	**Not met**
	Action taken as confirmed during the inspection: Discussion with the registered manager established that the home's policy on smoking was not reviewed, although this is planned. This area for improvement is therefore stated for the second time.	
Area for improvement 2 **Ref**: Standard 28.1 **Stated:** First time	The registered person shall ensure that a system is put in place for the Northern Ireland Adverse Incident Centre (NIAIC) alerts to be checked on a weekly basis with records of such checks maintained.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that a system was put in place for the Northern Ireland Adverse Incident Centre (NIAIC) alerts to be checked on a weekly basis with records of such checks maintained.	

Area for improvement 3 **Ref**: Standard 29.6 **Stated:** First time	The registered person shall ensure that a robust system is put in place to demonstrate that each staff member attends a fire drill at least annually.	**Partially met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation established that a system was put in place to record when staff attended a fire drill. It was established, however, that the records were not up to date. As the system was not sufficiently robust, this area for improvement is therefore stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. No concerns were raised regarding staffing levels during discussion with staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff and a review of the returned staff questionnaire confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed during the last care inspection and found to be satisfactory.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the registered manager established that staff continued to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

The registered manager described the arrangements in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff reported that they had received mandatory adult safeguarding training; staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the registered manager and a review of care records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The registered manager advised that there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The Barn, where day care was provided, was spacious, clean, warm and well equipped.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The home had an up to date fire risk assessment in place dated 26 February 2018 for Mayne House and 26 February 2018 for Croft Lodge. It was established, however, that the fire risk

assessment for The Barn, which is used for day care, was last completed on 7 August 2017. Action was required to ensure compliance with the regulations in this regard.

Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and emergency lighting were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents who lived in The Croft Community and others who used the day care service spoke positively about the care they received and how they enjoyed coming to day care.

One questionnaire was returned by a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a member of staff was as follows:

- "I think the care in the croft community is excellent."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection. This related to the fire risk assessment for The Barn.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

It was established during a previous care inspection that there was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. behaviour management or epilepsy

management plans, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home and within the day care facility.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments and staff were familiar with the recently published International Dysphagia Diet Standardisation Initiative (IDDSI).

The lunch time meal was observed and it was noted that staff provided appropriate assistance and support to residents.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

One questionnaire was returned by a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

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 care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care. The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with residents and staff, along with observation of care practice and social interactions, demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence and dignity and how confidentiality was protected.

Staff were able to describe how action was taken to manage any pain, discomfort or anxiety in a timely and appropriate manner; a review of care records evidenced that such action was documented in care plans.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme, for example, were written in a pictorial, easy read format.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. It was noted that The Barn was very well equipped with suitable resources and that a wide range of activities was in place.

One questionnaire was returned by a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents 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

6.7 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

The registered manager outlined the management arrangements and governance systems in place within the home and described how the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager advised that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. The registered manager advised that no complaints had been received since the last care inspection. The area of complaints was not reviewed in detail on this occasion.

It was established during a previous care inspection that there was an accident, incident and notifiable events policy and procedure which included reporting arrangements to RQIA. This area was examined during the last care inspection and was not reviewed on this occasion.

There was evidence of managerial staff being provided with additional training in governance and leadership; a staff member was completing a level 5 QCF award. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager advised that a new responsible individual was due to take up post in January 2019. In the meantime, the registered manager had undertaken this responsibility on a short term basis. The responsible individual would be based on site and would be kept informed regarding the day to day running of the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

One questionnaire was returned by a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Alan Hutchinson, registered manager, 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 27 4 a **Stated:** First time **To be completed by:** 31 January 2019	The registered person shall ensure that a fire risk assessment is completed for The Barn. Ref: 6.4
	Response by registered person detailing the actions taken: .The fire risk assessment has now been received.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 21.1 **Stated:** Second time **To be completed by:** 29 March 2019	The registered person shall ensure that the home's policy on smoking is reviewed to include current safety guidance for residents who smoke in care home settings. Ref: 6.2
	Response by registered person detailing the actions taken: The smoking policy is currently being updated to reflect current guidance and will be circulated within the organisation by mid March.
Area for improvement 2 **Ref**: Standard 29.6 **Stated:** Second time **To be completed by:** 29 March 2019	The registered person shall ensure that a robust system is put in place to demonstrate that each staff member attends a fire drill at least annually. Ref: 6.2
	Response by registered person detailing the actions taken: A new recording system is being introduced.

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

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