

Inspection Report

13 August 2021



The Croft Community

Type of service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Croft Community Ltd Responsible Individual: Mr Clive Evans – Not registered	Registered Manager: Mr Alan Hutchinson Date registered: 4 January 2016
Person in charge at the time of inspection: Mrs April Smyth Deputy Manager	Number of registered places: 16 The home is also approved to provide care on a day basis only to 15 persons
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 16 residents. The home has two units, Mayne House, which accommodates nine permanent residents and Croft Lodge which provides short term respite care for up to a maximum of seven residents. Day care is also provided for up to 15 persons in The Barn which is on the same site.	

2.0 Inspection summary

An unannounced inspection took place on 13 August 2021 from 9.20 am to 4.50 pm. The inspection was undertaken by a care inspector.

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.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff treated the residents with kindness and compassion; they were seen to be respectful and polite to the residents and to each other.

RQIA were assured that the delivery of care and service provided in The Croft Community was safe, effective, compassionate and that the home was well led.

As a result of this inspection no new areas for improvement were identified.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with ten residents, both individually and in smaller groups, and seven staff.

Residents said that they felt well looked after and that there were enough staff to help them. One resident said the staff were "lovely, kind and good fun".

Staff said that they enjoyed working in the home and that ensuring the residents received the right care was their main priority.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 September 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (4) Stated: Second time	The registered person shall ensure that the visit by the registered provider covers Mayne House, Croft Lodge and the day services on each occasion.	Met
	Action taken as confirmed during the inspection: Review of the monthly monitoring reports completed by the registered provider confirmed that these cover and report on all required areas.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 Stated: First time	The registered person shall ensure that when a resident has an accident or a fall the relevant risk assessments and care plans are updated to reflect and changes and/or actions required.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of care records evidenced that the relevant risk assessments and care plans were updated in the event of a fall.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Discussion with the manager confirmed that there was a robust system in place to ensure staff were recruited correctly to protect residents. Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis. Staff confirmed that they had received an induction on the commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. Review of records showed that training comprised of a range of relevant topics, with the majority of courses provided on an online platform and courses with practical elements delivered face to face. Staff said that they felt adequately trained to carry out their roles and responsibilities within the home.

The staff duty rota reflected the staff working in the home on a daily basis. The manager's hours were not indicated on the rota; this was brought to the attention of the manager who assured us that their hours and the capacity in which they were worked would be included in the rota going forward. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff said that they were satisfied with staffing levels. One staff member said that occasionally staffing levels could be affected by short notice sick leave but confirmed that management made efforts to provide cover. The manager said that bank or agency staff were used as required to ensure the needs of the residents were met.

Staff said that teamwork was good and that they felt well supported in their role by the management team who were very approachable.

Staff were seen to be very attentive to the residents. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff treated the residents with respect and kindness; they offered discreet assistance with personal care and maintained residents' dignity and privacy.

Staff said that "we make sure we give the residents the care they need" and "the residents are our main priority".

Residents said that there were enough staff to help them and that staff were helpful and friendly.

5.2.2 Care Delivery and Record Keeping

Staff met for a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs, their preferred daily routines and likes and dislikes.

Staff explained that residents who had difficulty in making their wishes or feelings known could display non-verbal cues which might indicate, for example, pain or discomfort. Staff were knowledgeable regarding residents' needs and reporting any early signs of distress or illness. Staff were skilled in communicating with residents; they were seen to be respectful, understanding and sensitive. Staff sought residents' consent before assisting them with personal care and knocked on doors before entering bedrooms and bathrooms.

It was established that the needs of permanent and respite residents were assessed 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. These include any advice or directions by other healthcare professionals. Residents' care records were held confidentially.

Where a resident was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and crash mats were in use where required. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a fall the home's post falls protocol was followed and there was evidence that staff took appropriate action such as referral to the HSC Trust's falls prevention team. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls. The relevant risk assessments and care plans are updated in the event of a fall.

At times some residents may be required to use equipment that can be considered to be restrictive, for example, bed rails or alarm mats. It was observed that for one resident a care plan had been developed for the use of a bed rail but there was no associated risk assessment. This was brought to the attention of the manager who ensured a referral was made to the relevant healthcare professional for an assessment to be completed.

Residents who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the residents' needs and staff said that if required they consulted the District Nurse and followed the recommendations they made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals from simple encouragement through to full assistance from staff. The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. It was observed that staff helpfully offered residents the opportunity for hand hygiene before and after their meal.

Residents were offered a choice of meals; the food was attractively presented and looked appetising. Staff told us how they were made aware of residents' nutritional needs to ensure they were provided with the right consistency of diet.

The recommendations of the Dietician and the Speech and Language Therapist (SALT) were clearly recorded in the care records reviewed. In Croft Lodge it was observed that residents were given a choice for lunch which was prepared according to resident's individual dietary requirements. Staff said that the main meal was served in the evening and confirmed that residents were also given a choice of meal at that time. The menu was on display for residents' information. Residents said the food was good; one resident gave the food a 'thumbs up'.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records, for example, preferred time to get up and go to bed, bedtime routine, preferred clothes to wear and preference for a bath or a shower. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. The review should include the resident, the home staff and the resident's next of kin, if appropriate. A copy of the annual review was available in the care records reviewed for permanent residents in the home.

Residents were nicely dressed and it was apparent that attention had been paid to all aspects of their personal care needs. Residents said that they felt well looked after and liked living in the home. Residents who were in the home for a short break spoke positively about the care provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that all units of the home were clean, tidy and well maintained. The home was well decorated and furnishings were in good condition. Corridors and fire exits were clear of clutter and obstruction. The manager confirmed that fire safety training and drills were maintained on an up-to-date basis as were fire safety checks of the environment.

In Mayne House residents' bedrooms were attractively decorated and personalised with items that were important to them, for example, family photographs, ornaments and cuddly toys. Some bedrooms had recently been tastefully redecorated and staff said that resident's individual personalities and tastes had been taken into account when choosing colour schemes and décor for the rooms. Bedrooms in Croft Lodge were well appointed for residents in for a short break.

The Barn day care unit was welcoming and well equipped to meet the needs of service users. The unit was clean, tidy and attractively decorated. Staff said that the frequent touch points, tables and chairs in the unit were all thoroughly cleaned between sessions in accordance with infection prevention and control (IPC) guidelines.

Residents said that the home was kept clean and tidy. Staff did not raise any concerns about the environment; they said that The Croft Community was a pleasant place to work.

There was evidence that effective systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents and staff and observation of the daily routine confirmed that residents were given a choice of how to spend their day. Staff spoke to residents in a friendly and caring manner; there was no rush and staff said that resident choice was very important to them. Staff said that residents were their main priority; they said “we always want them to be well looked after and “we go at their pace”.

It was observed that staff asked residents where they would like to sit and what they would like to do. Staff explained to residents when it was time for snacks or lunch and either directed them to or assisted them into the dining room. Residents were discreetly assisted with their personal care needs and staff were respectful of their privacy and dignity.

In Mayne House residents have access to an attractive and enclosed ‘enchanted’ courtyard garden. A gardening rota was in place for the residents who were involved in caring for and watering the plants. Staff said that residents were growing herbs and that they really enjoyed when the chef used these in their meals; they were proud of their achievements. An activity schedule was in place and included options such as ‘Mayne House Olympics’, sing-a-longs, arts and crafts, armchair aerobics and story time. In the lounge staff were seen to assist residents with their preferred pastimes such as knitting or colouring in. Music was playing and the atmosphere was calm and welcoming.

Staff in Croft Lodge said that the activity board was regularly updated according to the needs and interests of the residents who were in the unit for a short break. Residents were seen to enjoy a good rapport with staff and to be content and settled in their company. Staff said that residents were consulted about how they would like to spend their time. The lounge area was well equipped with games, puzzle books and art supplies for residents to use.

In The Barn day care unit staff explained that sessions have been reduced in capacity and duration in order to comply with COVID-19 social distancing guidelines. Service users have been provided with washable and lidded plastic boxes to keep their own art supplies and other belongings in. The day care unit was equipped with a ‘Magic Table’ for service users to play interactive games and challenges on. Service users’ artworks and creations were on display; these included covered wreaths and flower arrangements that service users had recently made. Outings were arranged to take residents for drives to scenic areas and for ice cream.

During the afternoon session it was observed that service users chose their preferred music to listen to and were encouraged to sing along and play musical instruments. Service users talked enthusiastically about the activities provided and were seen to be enjoying themselves.

Residents were encouraged to participate in regular residents’ meetings which provided an opportunity for them to comment on aspects of the running of the home. Review of records confirmed that an agenda was drawn up prior to the meeting and a record of the meeting was maintained.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place following the current Department of Health (DoH) guidance.

The manager said that relatives had been provided with information about the Care Partner role and this would be facilitated if any relatives expressed an interest in the initiative.

There was a welcoming and friendly atmosphere throughout the home. Residents said they had enough to do and felt listened to.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Alan Hutchinson has been the Registered Manager in this home since 4 January 2016. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff said that they would have no hesitation in reporting a concern to the manager or person in charge.

Review of the home's record of complaints confirmed that there was a system in place to manage these. The manager said that the outcome of complaints was used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A monthly analysis of accidents/incidents was carried out to establish if there were any trends or patterns in order to help prevent a recurrence.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; action plans for improvement were put in place if required and the manager confirmed that these were followed up to ensure that the actions were correctly addressed.

Staff said that the manager and the management team were approachable; they felt well supported in their role and enjoyed working in the home.

6.0 Conclusion

Residents looked well cared for and were seen to be comfortable, content and settled in the home. The atmosphere throughout all the units was relaxed and welcoming. Staff and residents were seen to enjoy a friendly and pleasant rapport.

The home was clean, tidy, attractively decorated and well maintained.

Staff spoke positively about working in the home and did not express any concerns about the service.

Based on the inspection findings and discussions held no areas for improvement were identified. RQIA are satisfied that this service is providing care in a safe, effective and compassionate manner and that the service is well led.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with April Smyth, Deputy Manager, and Catherine McCarthy, Head of Service, as part of the inspection process.



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