

# Inspection Report

## 27 September 2022



### **Croft Communities Limited Residential Care Home**

**Type of service: Residential Care Home**  
**Address: 71 Bloomfield Road, Bangor BT20 4UR**  
**Telephone number: 028 9145 9784**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Croft Communities Limited  <b>Responsible Individual:</b> Mrs Margaret Cameron	<b>Registered Manager:</b> Mr Alan Hutchinson  <b>Date registered:</b> 4 January 2016
<b>Person in charge at the time of inspection:</b> Mr Alan Hutchinson	<b>Number of registered places:</b> 16 The home is also approved to provide care on a day basis only to 15 persons.
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b> 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 27 September 2022 from 7.30 am to 3.30 pm. The inspection was carried out by a care inspector.

RQIA received information in August 2022 which raised concerns in relation to the early morning routine for residents in the home. In response to this information RQIA decided to undertake an inspection in order to observe the early morning routine. The inspection also sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents who were able to communicate said that they felt well looked after. Residents who were unable to voice their opinions looked content and settled in the home and in their dealings with staff.

Staff members were seen to be attentive to the needs of the residents and to treat them with kindness and compassion.

The outcome of the inspection determined that residents' assessed care needs were met safely, effectively and at the time required.

Areas requiring improvement identified are discussed in the main body of the report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 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**

Due to the nature of a learning disability not all the residents were able to communicate their thoughts and views. Those residents less able to communicate were seen to be content and settled. Residents who were able to communicate spoke very positively about all aspects of life in the home. They said that "the staff are lovely and helpful", "the staff are really good", "the food is 'A' okay" and "my favourite food is spaghetti hoops and I can have those whenever I want".

Staff said that ensuring the residents were well looked after was their priority. Staff also said that they enjoy working in the home and feel supported in their role.

Comments made by staff included that “we are here for the residents not the other way round”, “families need to have trust and confidence in us and that is what we aim for”, “we know the residents really well” and “communication is really good”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

No completed questionnaires or responses to the staff survey were received following the inspection.

Comments made by residents and staff were brought to the attention of the manager for information.

## **5.0 The inspection**

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

The last inspection to the home was undertaken on 13 August 2021 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Review of records and discussion with staff evidenced that all staff, including agency staff, were provided with an induction when they commenced work in the home.

There was a system in place to monitor staffs’ registration status with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff training was maintained. There was a plan in place to ensure that staff completed a training refresher in deprivation of liberty safeguards (DoLS). Progress with this will be reviewed at the next care inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff members were seen to respond to requests for assistance in a caring and compassionate manner. Staff recognised and responded to non-verbal cues from the residents; they were prompt at recognising when a resident needed assistance or attention.

Staff members were satisfied with staffing levels and said that they were happy to step in and provide cover when required. Staff said that teamwork was very good and that the management team was approachable. A staff member said that “things get sorted out and appropriate action is taken”; another said that staffs’ views on staffing levels had been “listened to” and these had improved as a result.

## 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff members were knowledgeable of individual residents’ needs and preferred daily routine. Staff members were observed to be skilled at communicating with the residents.

Staff respected residents’ privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to residents discreetly.

Residents’ needs 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 included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially; discussion with staff evidenced that all relevant staff, including agency staff, were aware of where and how to access residents’ care records.

Care records were well maintained and had been signed off by staff as having been 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.

Review of care records confirmed that the risk of falling and falls were well managed. There was evidence that relevant risk assessments and care plans were reviewed 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, key padded doors. It was established that safe systems were in place to manage this aspect of care.

As previously mentioned, in Section 2.0, an early morning inspection was undertaken in response to concerns raised to RQIA about the early morning routine in the home. Observations of this routine and discussion with staff and residents provided assurances that residents received the care they required at the right time. Some residents preferred to get up early; other residents required assistance with aspects of their personal care needs early in the morning but then liked to go back to sleep. The morning routine was observed to be resident centred; staff ensured that residents’ needs were met safely and effectively while also being respectful of their choices and preferences.

Residents’ individual likes and preferences were generally reflected throughout the care records. However, care plans relating to personal care required more detail regarding the individual resident’s preferred and/or usual time to get up, washed and dressed.

Staff recognised that residents' needs could change from day to day and that some days a resident might need assistance much earlier than usual, however, this was not always clear from the daily care records; the time care was provided and/or reason for a change from planned care was not always recorded. An area for improvement was identified.

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. Staff members were seen to provide the residents with the level of assistance required.

The dining experience was observed to be a pleasant opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. There was a choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. Residents were offered regular drinks and snacks throughout the day. All of the residents said that they enjoyed the food on offer and confirmed that they were offered choices at each meal time.

Staff told us how they were made aware of residents' nutritional needs to ensure they received the correct consistency of diet. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Staff told us that ensuring the residents' needs and wishes were met was very important to them.

Residents said that there was enough staff to help them and that they felt well looked after.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment included a review of bedrooms, bathrooms, communal areas and store rooms. The home was found to be clean, tidy, warm and fresh smelling. Fire exits and corridors were clear of clutter and obstruction. The home was attractively decorated.

In Mayne House residents' bedrooms were individually decorated and personalised with items that were important to them such as family photos, pictures and ornaments. Bedrooms in Croft Lodge, which is used for short term respite, were well decorated, clean and tidy. The Barn was a welcoming space and was attractively decorated with artworks created by service users.

In Mayne House three residents' bedroom doors were noted to be wedged open. Staff explained that these residents had been assessed as requiring regular monitoring checks. The doors were all clearly identified as fire doors and wedges should not be used to keep doors of any kind open. This was brought to the attention of staff and the manager and the wedges were removed. A separate fire risk assessment was in place in each unit but the assessment for Croft Lodge was not current. An area for improvement was identified.

In Croft Lodge the domestic store was noted to have been left unlocked and cleaning products were therefore potentially accessible to residents. An area for improvement was identified.

One communal bathroom was cluttered; equipment and supplies were inappropriately stored in this bathroom. This was discussed with the manager and it was confirmed that action would be taken to de-clutter the bathroom and ensure items were appropriately stored.



Several ceiling extractor fans were noted to be in need of more effective cleaning. An area for improvement was identified.

The manager confirmed that there was a system in place to ensure that routine maintenance and redecoration was completed as required.

It was observed that staff were not all consistently adhering to the current guidance regarding the use of masks. Staff did don and doff recommended personal protective equipment (PPE) when engaged in direct resident care and they carried out hand hygiene at appropriate times but several staff were not bare below the elbow and/or had jewellery, gel nails or nail polish on. Training on the use of PPE had been provided but this did not appear to be embedded into practice. Some staff spoken with were unable to adequately demonstrate their understanding of the guidance around mask wearing or why they should be bare below the elbow. An area for improvement was identified.

Staff use of PPE and hand hygiene was monitored by the manager and records were kept. The issues identified during the inspection were brought to the attention of the manager for information and appropriate action.

Residents were satisfied that the home was kept clean and tidy. It was positive to note that funding had been approved for redecoration of communal areas and the purchase of new sofas in Croft Lodge.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents and observations of the daily routine confirmed that they were able to choose how they spent their day. Staff spoke to residents in a friendly and caring manner; there was no rush and staff said that ensuring the residents' needs were met was their main priority.

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 breakfast, snacks or lunch and assisted them to take their meals in whatever area of the home they preferred. The communal lounges in the home were well equipped with large TV's, games and colouring in supplies.

Staff in Mayne House explained that they had a weekly activity plan in place but this was subject to change depending on what residents wanted to do at the time and/or who wanted to join in. The current activity plan included sing-a-longs, movies, arts and crafts, bible study, baking and bingo. There were photos of residents engaged in fun activities on display. Some residents enjoy solo pursuits such as knitting and jigsaws and staff assisted with these as necessary.

Residents said they enjoyed getting out and about for meals, coffee and shopping trips either with staff or with their families. Birthdays and holidays were celebrated in the home.

Staff in Croft Lodge said that activities were usually decided on the day as the residents were admitted for short term respite and more flexibility was required in this area to meet their varying needs and interests.

Staff members were seen to offer residents an opportunity to play board games in the morning and to discuss with them what they would like to do in the afternoon. Residents were seen to enjoy a good rapport with staff and to be content and settled in their company.

In The Barn day care unit staff explained that planned activities included arts and crafts, music, cookery and pet therapy. 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. The service users said they had been out for a drive and had had coffee and scones earlier in the day. After lunch the service users were happy to demonstrate their seated exercise session which was led by staff and suitable for all abilities.

The atmosphere throughout all three units was warm, welcoming, relaxed and friendly. Residents said that they were offered choices and that they were satisfied with the activities provided.

### 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 system of auditing was in place to monitor the quality of care and other services provided to residents.

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.

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 observed that the actions taken and outcome had not yet been recorded for one complaint; this was brought to the attention of the manager for information and action.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.



## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Alan Hutchinson, Registered Manager, and, Catherine McCarthy, Head of Service, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (4)(a) &amp; (d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that doors in the home are not wedged open. Staff should be aware of their responsibilities around fire safety. If it is necessary to keep doors open for monitoring or other purposes safe and appropriate systems should be in place.</p> <p>All units of the home should have a current fire risk assessment and management plan in place in order that any required actions are identified and undertaken in a timely manner.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All wedges have been removed, registered manager has requested magnetic door stops which are directly connected to the fire alarm system from housing association. Fire risk assessment has been arranged.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that substances, such as cleaning products, which could potentially be hazardous to the health of residents are not accessible and are stored safely and securely at all times.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Cleaning staff / general staff have been reminded to keep cleaning store doors locked at all times.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> <b>All staff have been made aware of the requirement to be bare below the elbow and must wear the appropriate PPE as per table 4.</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care plans regarding personal care include details of the residents' preferred and/or usual time to get up, washed and dressed. The daily care records should include details of the time care was provided at and the reason for any changes in the planned care or routine should be clearly documented.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans have been reviewed and updated to reflect service user daily routines and staff are aware of information required in service user daily care records.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2022</p>	<p>The registered person shall ensure that all ceiling extractor fans are effectively cleaned; a record of cleaning should be maintained.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Housing Association has been contacted to complete initial cleaning and task will be added to routine for in house cleaning / general staff.</p>

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



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