



The Regulation and
Quality Improvement
Authority

The Croft Community
RQIA ID: 1594
71 Bloomfield Road
Bangor
BT20 4UR

Inspector: Alice McTavish
Inspection ID: IN022801

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**Unannounced Care Inspection
of
The Croft Community**

16 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 16 June 2015 from 12.10 to 16.05. On the day of the inspection we found the home to be delivering safe, effective and compassionate care.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/ Registered Person: The Croft Community Ltd/Yvonne Mc Caughren	Registered Manager: Yvonne Mc Caughren (acting)
Person in charge of the home at the time of inspection: Yvonne Mc Caughren Clive Evans, Chief Executive	Date manager registered: 28/7/2014
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 32
Number of residents accommodated on day of inspection: 31	Weekly tariff at time of inspection: £537 - £752

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

Prior to inspection the following records were analysed: returned Quality Improvement Plan from previous inspection, notifications of accidents and incidents.

We met with five residents and three members of care staff. No resident's representatives or visiting professionals were present.

We inspected three care records, complaints records, staff training records and accident and incident records.

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 17 February 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: 9.1	The home has details of each resident's General Practitioner (GP), optometrist and dentist. <ul style="list-style-type: none"> Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records. 	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and examination of the care records confirmed that each resident's General Practitioner (GP), optometrist and dentist were noted.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure in place relating to dying and death of a resident.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

One elderly resident had died in the home very recently. The death had been sudden and unexpected. Staff members we interviewed who were present confirmed that they had been able to administer first aid and to work with paramedic and ambulance personnel. There was immediate and sensitive contact with the resident's family. Staff ensured that other residents were told of the death in a sensitive manner. Arrangements for the removal of the body were made in a manner which would not cause alarm or distress to the other residents. The acting manager advised us that the ambulance staff had paid compliment to the staff for their professionalism and caring approach in attempting to resuscitate the resident.

The staff members we interviewed described to us how the staff team was able to provide support to the other residents who had lost a friend. Staff were also available to provide support to the relatives of the deceased resident. Residents were offered the option to attend the funeral and some chose to do so.

Staff members were appreciative of the peer support provided to them by colleagues and by management which had made counselling available. It was to be commended how staff continued to place the needs of the residents before their own needs in coming to terms with this traumatic event.

In the event that a resident is very ill or dying in the home, the acting manager confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The acting manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

There were no areas of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We inspected three residents' care records which confirmed that person centred assessments and care plans were in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves and aprons were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had a written policy and procedure relating to continence management and promotion.

We reviewed the care records of two residents with more complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures had been fully considered. The quality of the person centred care plans in relation to all aspects of care and support was to be commended.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified from the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined**5.5.1 Residents' views**

We met with six residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "It's great here. I've lived in Croft for many years and I love it. The food is great and the staff treat me very well and help me with anything I need."
- "The staff look after me really well and are very good to me."
- "I am happy here."
- "I'm happy. They look after me well."

5.5.2 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 have worked here for over six years. When I go home from work, I don't worry about the residents because I know they are in safe hands; all the staff are highly committed and enthusiastic about providing the very best of care. The staff tend to stay here, there is very low turnover of staff which tells me that they are happy in their jobs. I feel the residents want for nothing. They have a wide choice in how they live their lives and they have very full and satisfying social lives."

5.5.3 Environment

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

5.5.4 Staffing

At the time of inspection (when residents were at day care) the following staff members were on duty:

- 1 manager
- 2 senior support workers
- 2 support workers
- 2 catering staff
- 3 domestic staff

Two senior support workers and nine support workers were scheduled to be on duty later in the day. Five staff were scheduled to be on overnight duty. The acting manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

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

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

5.5.7 Complaints / compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

5.5.8 Fire safety

A fire safety risk assessment had been completed on 1 June 2015. The written report of this assessment was not yet available. The chief executive, Mr Clive Evans, advised us that he had been present during the assessment and that all recommendations arising from the assessment had been addressed. We inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

Areas for improvement

There were no areas of improvement identified from the additional areas examined.

Number of Requirements	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Yvonne McCaughren(Acting)	Date completed	July 3 rd 2015
Registered Person	Yvonne McCaughren(Acting)	Date approved	July 3 rd 2015
RQIA Inspector assessing response	Alice McTavish	Date approved	13 August 2015

Please provide any additional comments or observations you may wish to make below:

Thank you for your recognition of the good service we endeavour to ensure we deliver for the benefit of our residents.

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.