



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: The Croft Community

RQIA Number: 1594

Date of Inspection: 17 February 2015

Inspector's Name: Alice McTavish

Inspection ID: IN016865

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of Service:	The Croft Community
Address:	71 Bloomfield Road Bangor BT20 4UR
Telephone number:	0289145 9784
E mail address:	clive@croftcommunity.com
Registered Organisation/ Registered Provider:	The Croft Community Ltd
Registered Manager:	Yvonne McCaughren, acting manager
Person in charge of the home at the time of inspection:	Yvonne McCaughren
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	32
Number of residents accommodated on Day of Inspection:	31
Scale of charges (per week):	As agreed with commissioning Trust
Date and type of previous inspection:	Primary Announced Inspection 23 October 2014
Date and time of inspection:	Secondary Unannounced Inspection 17 February 2015 9.30am – 1.10pm
Name of Inspector:	Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the acting manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with one resident
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care
The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

The Croft Community residential care home is situated in Bangor, Co. Down close to a variety of local amenities. The residential home is operated by The Croft Community Ltd. Oaklee Trinity Housing Association owns and maintains the buildings and grounds. Ms Patricia Wilson is manager of the home and has been registered manager for a number of years. Mrs Yvonne McCaughren is currently acting manager during the extended absence of Ms Wilson. Mrs McCaughren has been deputy manager for over ten years.

The Croft Community residential facility consists of four houses, each with their own staff team. The houses are named Clarke House, Bingham House, James and Smith House and Mayne House. Accommodation and care is provided for 32 adults who have a learning disability. Seven places are designated for respite care which is provided in James and Smith House. In addition, places are available to provide day care support for those residents who avail of respite.

Each house has its own cook with assistant catering staff where appropriate.

Clarke House accommodates ten residents. There are ten bedrooms with a wash hand basin in each room. There are five communal bathrooms and three sitting rooms, one of which is a conservatory. There is also a kitchen, dining area and a laundry which residents can use.

Bingham House caters for six residents. There are five bedrooms with one en-suite bedroom. There are also three bathrooms. Residents have two sitting rooms, one of which is a sun room. There is also a kitchen and dining area and an entrance hall.

James and Smyth House provides facilities for seven respite residents. The house includes seven bedrooms, one of which is en-suite, four bathrooms, two sitting rooms and two kitchen and dining areas. The meals for residents are cooked in Mayne House and delivered over the short distance in heated trolleys.

The newest building, Mayne House, caters for nine residents. There are nine spacious en-suite bedrooms, three sitting rooms and a large kitchen and dining area. There is also a laundry room and staff office accommodation. There is a cook and catering staff who look after Mayne House. Mayne House is spacious and has been planned to cater for the needs of an ageing population.

The community at Croft have recently used some ground to create a “memory garden”, a beautifully decorated area where residents can sit and enjoy the tranquil atmosphere.

The grounds of the main site are spacious with residents having the facility of ‘The Barn’ and ‘Croft Club’ on site.

The home is registered to provide care for a maximum of 32 persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of 15 residents.

7.0 Summary of inspection

This secondary unannounced care inspection of The Croft Community was undertaken by Alice McTavish on 17 February 2015 between the hours of 9.30am and 1.10pm. Mrs Yvonne McCaughren and Mr Clive Evans, Chief Executive, were available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by Mrs Yvonne McCaughren can be viewed in the section following this summary.

The focus of this unannounced inspection was on Standard 9 – Health and Social Care. The health and social care needs of residents are fully addressed. The Croft Community was compliant in the standard inspected. There were processes in place to ensure the effective management of the standard inspected.

On the day of inspection all but two residents had left to attend day care. During the inspection the inspector met with one resident and a staff member, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with the resident they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

The staff member indicated that they were supported in their respective roles and are provided with the relevant resources and training to undertake their respective duties.

Comments received from the residents and the staff member are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

Staffing levels were also examined. Further details can be found in section 10.0 of the main body of the report.

No requirements and one recommendation were made as a result of the secondary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the resident, the acting manager, the Chief Executive and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the recommendations issued as a result of the previous inspection on 23 October 2014

No.	Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that the policy and procedure document should be updated.</p>	Examination of the policy document confirmed that it has been updated.	Compliant
2	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that arrangements should be made for the provision of refresher training to staff in the area of challenging behaviour.</p>	Examination of the staff training records and discussion with the acting manager confirmed that refresher training to staff in the area of challenging behaviour had been provided on several dates between December 2014 and January 2015.	Compliant

3	10.6	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <p>Reference to this is made in that all accidents and incidents which affect the health, care and welfare of residents are reported to RQIA.</p>	<p>Discussion with the acting manager and examination of notifications received confirmed that all accidents and incidents which affect the health, care and welfare of residents are reported to RQIA.</p>	Compliant
4	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the Statement of Purpose should be reviewed to include details of any restrictions which are employed within the home.</p>	<p>Examination of the Statement of Purpose confirmed that this has been reviewed to include details of any restrictions which are employed within the home.</p>	Compliant
5	29.1	<p>There is a current Risk Assessment and Fire management Plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in that the home should undertake further discussion with Oaklee Trinity Housing Association to have outstanding works satisfactorily completed.</p>	<p>Discussion with the acting manager and examination of the returned Quality Improvement Plan confirmed that further discussion with Oaklee Trinity Housing Association had been undertaken.</p>	Compliant

6	29.4	<p>All staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.</p> <p>Reference to this is made in that fire training should be provided to those staff members who have not received training and that the training records are maintained on a training form.</p>	<p>Examination of the staff training records and discussion with the acting manager confirmed that all staff have now received fire training.</p>	<p>Compliant</p>
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9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
<p>Criterion Assessed: 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: The care records of six residents were reviewed. In all cases the name and contact details of each resident’s General Practitioner were present, however, the details of the optometrist and dentist were not consistently noted. Discussion with the acting manager confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident and representative are provided with information on the choice of services in the locality and assisted in the registration process. A recommendation was made that all care records contain details of the residents’ optometrist and dentist, as appropriate.</p>	Substantially compliant

<p>Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussions with one staff member in relation to specific residents' needs indicated that staff were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. The staff member confirmed that they are provided with mandatory training and that they regularly avail of refresher training in first aid. The staff member confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.</p>	<p>Compliant</p>

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
The six care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments. All areas of care were considered in detail, including the management of continence care. There was free access by staff to laundered bed linen, towels and continence products. There was evidence of liaison with primary health and social care services. All contacts were clearly recorded in each resident's records. Records were maintained of planned appointments. Staff members on duty were able to describe the referral systems should a resident require the services of health care professionals.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
A review of the care records and discussion with the acting manager and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. Resident representatives are also kept informed of any follow up care during annual care reviews.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
An examination of six care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments and that referrals are made to the appropriate services.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

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10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with one resident who had not availed of day care. The resident expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I like it here. It is good. They (staff) look after me well."

10.2 Relatives/representative consultation

No relatives were present in the home during the inspection.

10.3 Staff consultation

The inspector spoke with one staff member, a Support Worker Level Two. Discussion with the staff member identified that they were supported in their respective roles and that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "The residents want for nothing. The staff team works to promote residents' independence, to support everyday health and wellbeing; we encourage residents' social lives and being part of the community. The Croft Community is their home and I am here to give residents the help they need but also to do that by giving them respect and dignity in an environment where they are happy and feel safe. I greatly enjoy doing this job."

10.4 Visiting professionals' consultation

No professional visited the home during the inspection.

10.5 Environment

The inspector viewed the home accompanied by Mrs Yvonne McCaughren and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

10.6 Staffing levels

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

- 1 acting manager
- 1 senior care assistant worker
- 2 support workers
- 4 domestics
- 2 cooks

The acting manager confirmed that the evening staff comprises eleven care staff across the four separate houses. Overnight duty comprises two care staff on sleeping duty and three staff on waking duty. The staffing levels were within RQIA guidance.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Yvonne McCaughren and Mr Clive Evans as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Alice McTavish
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Care Inspection

The Croft Community

17 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Yvonne McCaughren and Mr Clive Evans either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <ul style="list-style-type: none"> Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records. 	One	We have implemented the changes that have been suggested to ensure all details are clearly documented in each of the service users files	17 April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Yvonne McCaughren
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Yvonne McCaughren

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	31 March 2015
Further information requested from provider			