Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Croft Care Home

17 Snydale Road, Normanton, WF6 1NT

Tel: 01924223453

Date of Inspection: 03 January 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard

Details about this location

Registered Provider	Croft Care Homes Limited
Registered Manager	Mr. Mark Hague
Overview of the service	The Croft Care Home is located in Normanton and provides accommodation for up to 29 people requiring personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The Croft Care Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Safeguarding people who use services from abuse
- Safety and suitability of premises

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our previous inspection of this service in August 2013 we found the provider was not compliant with Outcome 1 (Respecting and Involving People), Outcome 7 (Safeguarding People from Abuse) and Outcome 10 (Safety and Suitability of Premises). We judged non-compliance with Outcomes 7 and 10 had a minor impact on people who lived in the home and issued compliance actions. With regard to Outcome 10 we judged the non-compliance had a moderate impact on people who lived in the home. We issued a formal warning telling the provider they must improve by 7 October 2013. Following that inspection the provider sent us an action plan telling us what they would do to achieve compliance. During this inspection we checked to make sure the required improvements had been made.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

A new manager had been employed since the last inspection. We found improvements in the environment meant people's privacy and dignity was respected. For example, shelving and storage space had been provided and was utilised to store people's toiletries and other personal products they required. We saw people were dressed in clean clothes and appeared well groomed. We found a range of activities were provided. One person we spoke with said: "There's more going on now, not just the TV". We saw residents meetings were being held which showed people were involved in decisions about the home.

We found safeguarding policies were in place. Staff we spoke with showed a good understanding of safeguarding procedures and had received recent training. People we spoke with during the visit told us they felt safe in the home.

We found significant improvements had been made to the environment. Many areas of the home had been redecorated and refurbished. Maintenance issues identified at the previous inspection had been addressed and environmental checks were being carried out regularly. We found the home was clean and odour control had improved significantly. People we spoke with who lived in the home told us they were pleased with the improvements made to the environment. Comments included:

"It's much better now – cleaner and brighter"
"There's been a lot of changes since you came last time and it's all good"
"It's so much better than it was. Just nicer to be here"

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

At our last inspection in August 2013 we saw some practices which we considered showed a lack of respect for people who lived in the home. For example, we saw some people's beds had not been made properly. In some en suites we saw people's toiletries were stored either on the floor or on top of the toilet cistern as there were no shelves or storage space. At this visit we found improvements had been made. We saw beds were well made with clean, ironed linen. We saw shelving and storage space had been provided and was utilised to store people's toiletries and other personal products they required.

When we last inspected we observed some people did not look well groomed and we found people's hygiene needs were not always being met. At this visit we saw a marked improvement in people's appearances. We saw people were dressed in clean clothes and appeared well groomed with their hair brushed and the men were clean shaven. People we spoke with told us they could have a bath or shower when they wanted. They said staff were friendly and kind. One person said about the staff: "They go out of their way to help me".

When we visited in August 2013 we found there was a lack of stimulation for people who lived in the home and little to occupy them other than the television. There was no activity programme and no activity organiser employed in the home. We found improvements had been made at this inspection. We met with the activity co-ordinator who had organised a monthly programme of activities. We saw the programme included a variety of events such as movie afternoons, cake decoration sessions, arts and crafts and singing. There were activity sessions organised to take place each morning and afternoon. The activity co-ordinator was very enthusiastic about her role and told us how she had used information about people's previous interests and hobbies to plan the activities. She was also planning future themed events to reflect national events such as Burns night and the Chinese New Year. We saw records showed who had participated in the sessions. We found the co-ordinator had a good understanding about activities for people with dementia and knew where to access recent research and guidance about dementia.

We saw activities were taking place during our visit. Three people were enjoying a game of dominoes with a staff member. One of the people we saw playing told us they really liked dominoes and had a game most days. We saw another person writing and chatting with staff. We observed staff were caring and patient with people and there was a relaxed, friendly atmosphere in the home. The lounge had been reorganised so people could talk more easily to one another and we saw people were taking an interest in what was going on around them. One person we spoke with said: "There's more going on now, not just the TV".

We spoke with two visitors who both said they had seen improvements since the new manager started. One relative said their relative had come on "in leaps and bounds" since they had been admitted to the home.

We found improvements had been made to the environment to help orientate people with dementia, which are detailed in outcome 10 of this report.

We saw the minutes from a residents and relatives meeting held in October 2013. Topics covered included activities, improvements to the environment, food and satisfaction surveys. We saw notices displayed about the next residents meeting on 9 January 2014. The manager told us she had asked the residents how often they would like to meet and they had said every two to three months.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at how people who lived in the home were protected from the risk of abuse. We saw the home had a copy of the West Yorkshire Multi-Agency Safeguarding Policy and a whistleblowing policy. We saw the contact numbers for Social Care Direct (Wakefield Safeguarding Team) were displayed in the office. The manager told us a copy of the policy and the contact numbers were also available to staff in the designated staff room.

We spoke with four staff who demonstrated a good understanding of safeguarding and were able to describe the different types of abuse. They were aware of the safeguarding policy and procedures and knew where they were kept. Staff told us if they suspected or saw any abuse they would report it to the manager or senior staff member. Senior staff were aware of who to contact if abuse was reported to them. All four staff confirmed they had received safeguarding training in the last four months.

The manager told us all staff, apart from three, had received safeguarding training since the last inspection, which included knowledge of the safeguarding policy. This was confirmed in the training matrix we saw. The manager told us the training programme they used was in line with the guidance from Wakefield Council and some of the training is affiliated to Wakefield Council. Staff had completed a questionnaire as part of the training and if they scored below a certain level the training had to be repeated. The manager told us safeguarding was included as a standing item in staff meetings and supervisions.

People we spoke with during the visit told us they felt safe in the home. They said if they had any concerns they would report them to the manager or owner and they felt they would be dealt with.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked at all areas of the home with the manager. We found significant improvements had been made to the environment. We saw many areas of the home had been redecorated and refurbished. New flooring was in place in the main lounge and the manager advised new chairs had been ordered. We saw the doors had been painted different colours to help people find their way around the home. For example, bathroom and toilet doors were painted yellow and had signs with words and pictures to identify them. Bedroom doors were painted different colours and some had the person's name and photograph next to the door. The manager told us large frames were being bought for each door so that information such as photographs or memorabilia could be included to help people find their own rooms.

We found the corridors were lighter and brighter with some pictures on the walls. The manager told us she was working with the local school and the sweet company, Nestles, to look at themed topics for the different corridors. For example, paintings with different textures that people could touch and feel and photographs from the local area. The manager advised the small lounge was the next room to be furbished and redecorated.

When we visited in August 2013 we found there was a lack of basic fixtures, fittings and storage space in people's bedrooms. On this visit we found all of the bedrooms we visited had shelving or storage space for people to store their toiletries. We found there were mirrors, toilet roll holders, towel holders and dispensed soap and paper towel dispensers provided in all the rooms. We saw many of the rooms had new beds and mattresses. The manager told us monthly mattress audits were now carried out and recorded. We saw personal protective equipment (PPE) and continence pads were stored discreetly in each person's room. The manager told us staff checked and restocked supplies daily.

At our last inspection we found the standards of cleanliness were poor. We found offensive odours in many of the bedrooms and in one of the downstairs toilets. Three carpets we saw were stained and marked. At this visit we found the home was clean and odour control had improved significantly. New flooring had been provided in two bedrooms and the manager advised new flooring was due to be fitted in two other bedrooms where there was still a slight odour. The provider might find it useful to note that although the

downstairs toilet was found to be clean there remained a strong malodour in this room, which the manager advised was present all the time despite regular cleaning.

We spoke with the domestic who told us they felt the cleaning standards had improved greatly since the new manager started in post. They showed us the cleaning schedules they followed, which identified daily weekly and monthly tasks and were signed by staff when tasks were completed. They said they were provided with extra support by the manager, which meant that cleaning standards remained high. They said there was a deep cleaning rota which meant that all rooms were "bottomed" and given a thorough clean every month. The manager told us there had been an infection control visit in October 2013 and the home had scored 82%. We saw a copy of the report and the action plan which the manager had completed to address the recommendations made.

At the previous inspection we identified net curtains were required in one of the bedrooms to ensure privacy. The manager told us all the bedrooms had been reviewed and net curtains had been delivered and would be fitted in all the bedrooms by 8 January 2014.

At the last inspection we found maintenance issues were not being addressed. This included items that were not working such as the shower and self-closing devices on doors, as well as broken furniture or fittings. At this visit the manager showed us the weekly environmental audit checks she carried out. This showed all rooms were checked and any actions required were documented and assigned to staff for completion. Staff signed to show when the task had been done. We reviewed the maintenance book which recorded any issues and was signed by the maintenance person when completed. We found maintenance issues we had identified at the last inspection had been addressed.

We saw the shower room was now operational and a new shower chair had been provided. We found the latch had been fixed on the window in the upstairs bathroom so it could be secured. We found handles had been fitted onto bedroom doors where they had been missing. We saw the self-closing devices on doors were working properly and the manager told us these were checked weekly as part of her audit. We found the grab rail next to the toilet in the Parker bathroom remained loose. The manager told us this had been repaired but remained a problem and a replacement grab rail had been ordered. We found furniture and fittings were in good repair.

At the last inspection the maintenance certificate for the hoist could not be located. At this visit we saw a maintenance certificate dated 21 May 2013 which noted that the lifting arm safety clip was missing from the hoist. The manager told us a further check had been carried out in November 2013 and the safety clip was still missing. The manager told us the hoist was safe to use, however she agreed to ensure the safety clip was fitted without delay.

We found at the last inspection that windows in the home had not been risk assessed and many of them opened fully. We considered this presented a risk of falling to people who lived in or visited the home as some of the window openings could be accessed via the wide windowsills. At this visit the manager told us all the windows had been risk assessed and where a risk had been identified restrictors had been fitted. We saw these restrictors were in place during our tour of the home.

People we spoke with who lived in the home told us they were pleased with the improvements made to the environment. Comments included:

"It's much better now – cleaner and brighter"

"There's been a lot of changes since you came last time and it's all good"
"It's so much better than it was. Just nicer to be here"

Staff we spoke with were also positive about the changes. One said: "It's much nicer for the residents now". Another said: "We've not been able to use the shower for years and now we can". Another said: "Maintenance jobs get done much quicker now. It's more organised"

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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