

Croft Residential Limited

# The Croft Residential Home

## Inspection report

20 Castlecroft Road  
Finchfield  
Wolverhampton  
West Midlands  
WV3 8BT

Tel: 01902380022

Website: [www.croftresidentialhome.co.uk](http://www.croftresidentialhome.co.uk)

Date of inspection visit:

19 April 2017

20 April 2017

Date of publication:

08 August 2017

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 19 and 20 April 2017. At the last inspection in February 2015, we found the provider was meeting all of the requirements of the regulations we reviewed. The provider had a history of meeting the regulations and had been compliant in all inspections carried out since 2011.

The Croft is registered to provide accommodation for up to 24 older people, some of whom are living with dementia, who require personal care and support. On the day of the inspection there were 24 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the Croft. Staff were aware of how to report any concerns for people's safety and well-being and the registered manager was aware of their responsibilities to escalate any allegations of abuse. Risks were assessed and managed to reduce the risk of avoidable harm and the provider had carried out pre-employment checks on staff to ensure they were safe to work with vulnerable people. There were sufficient numbers of staff to respond to people's care and support needs and systems used to manage medicines were safe and ensured people received their medicines as prescribed.

People received care and support from staff who were knowledgeable and competent in their role. Staff had received training to ensure their knowledge was up to date and that they acted in accordance with current best practice. People were asked for their consent before care was provided and where decisions had to be made on people's behalf this was recorded and staff acted in people's best interests. People were happy with the food and drink provided and staff were responsive to changes in people's nutritional needs and sought appropriate healthcare advice when required. People were supported by staff to maintain their health and staff at the home had established strong working relationships with local healthcare professionals.

People and relatives spoke positively about the kind and caring nature of the staff team. People had developed strong affectionate relationships with staff who proactively promoted their dignity and independence. Staff recognised the importance of involving relatives and friends in the community at The Croft and visitors told us they were made extremely welcome whenever they visited. Staff were aware of what was important for each person living at the home and took this into consideration when supporting them, to ensure their independence was promoted and supported. People told us they were encouraged to make their own decisions about daily life and staff supported them discreetly and with diplomacy where required.

People received personalised care that was tailored to their individual needs and preferences. Staff knew people well and sought to actively engage them in activities and hobbies that were specific to their interests

and past experiences. Staff were committed to supporting people to lead varied and fulfilling lives and took time to get to know and understand people. People were confident to raise concerns or offer feedback about experience of living at the home and felt the registered manager was responsive. The provider had a system in place to manage complaints.

People, relatives and staff described the management of the home as excellent. There was strong leadership at the home which fostered a culture of positive service development and workforce enthusiasm. The management team involved people and their relatives in evaluating the care and support provided and used this feedback to continually develop and improve the home. The registered manager and provider were experienced professionals and recognised the importance of individualised care and ensuring an excellent standard of care was provided. Staff viewed the management team as role models and told us they felt the home's positive culture could be attributed to the registered manager. The registered manager led by example and sought best practice advice and support from external health and social care professionals and used their expertise to continually improve standards at The Croft.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm by staff who had received training in how to keep people safe and report any signs of potential abuse. Risks were assessed and managed to support people safely and reduce the risk of potential harm. There were sufficient numbers of staff to keep people safe and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained to meet their care and support needs. Staff felt supported in their roles by the registered manager and other senior staff. People's rights were protected in the way they were supported and they were asked for their consent before care was provided. People received sufficient amounts of food and drink and were supported to maintain their health by staff who made referrals to relevant healthcare professionals when required.

### Is the service caring?

Outstanding ☆

The service was caring.

People and relatives expressed extremely positive views about the caring nature of the staff and registered manager. Staff went above and beyond their required duties to support people to live full and active lives. Staff recognised the importance of people's personal relationships with family and friends and visitors were made welcome by staff. The registered manager led the staff team in delivering person centred; compassionate care which promoted people's dignity and independence.

### Is the service responsive?

Outstanding ☆

The service was responsive.

People were supported to take part in personalised activities and hobbies which were identified by staff who knew them well.

People received care that was responsive to their changing needs and staff shared information about people to ensure they received up to date care and support. People were confident to raise concerns or complaints and were happy with the response they received from the registered manager. There was a system in place to manage complaints.

### **Is the service well-led?**

The service was extremely well-led.

The registered manager and provider were proactive in developing ways in which the service could be continually improved for the benefit of the people living there. Without exception people, relatives and staff all spoke positively about the leadership of the home. The culture of the service was positive and person centred and the registered manager and provider used feedback from people and their relatives to make improvements.

**Outstanding** 

# The Croft Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 April 2017 and was unannounced.

The inspection team consisted of one inspector. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with three people who lived at the home, two relatives, four staff members, the registered manager and the provider. We looked at three records about people's care and support, three staff files, medicine records for eight people and systems used for monitoring the quality of care provided.

## Is the service safe?

### Our findings

People told us they felt safe living at The Croft. One person said, "I feel very safe here, very comfortable." We observed that people were relaxed when in the company of staff members and were confident and comfortable to approach staff when they require support. Relatives told us they were happy with their family members living at The Croft and were not concerned about their safety when they were not there. One relative said, "I am very happy with this place, I visit regularly and know people are safe here." Staff had received training in protecting people from harm and those we spoke with were able to tell us how they would identify signs of potential abuse. Staff knew how to escalate any concerns and told us they had confidence in the registered manager and the provider to protect people from harm. The registered manager had a good understanding of their responsibilities in protecting people from harm and was aware of local safeguarding procedures.

People were supported to manage risks through the use of risk assessments and planning. For example, where people were at risk of falls, guidance was available to staff about how to minimise the risks when supporting them with mobility. Records we reviewed showed that where people had experienced falls, their care plan and risk assessments had been reviewed by senior staff to ensure steps were taken to reduce the likelihood of future incidents. Where people were at risk of developing sore skin staff had ensured appropriate pressure relieving equipment was available for the person to use. The management team carried out regular tests on this equipment to ensure it was appropriately maintained and effective. One staff member told us, "We spend a lot of time developing people's care plans and it's an on-going piece of work. As people's needs and risks change, we update it, to make sure staff have all the information they need."

People told us there were enough staff to respond to their needs. One person said, "There's always someone around. I'm very happy with the staff." Relatives we spoke with were also confident there were enough staff and felt that reliable staff contributed to them feeling their family members were safe. One relative said, "The staff are consistent so you always know them and they know people here very well." Throughout the inspection we saw staff were available to respond to people when they needed assistance or support. Staff were present in the communal areas of the home as well as in the areas close to people's bedrooms which meant people cared for in bed received regular well-being checks. We observed the registered manager reminding people to use the call bell system if they required staff support when spending time in their room. Staff told us there were sufficient staffing levels to keep people safe, with one staff member commenting, "The home runs well in terms of staffing, what you see today is typical. There are enough staff."

We reviewed three staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

People received their medicines on time and as prescribed by their GP. People told us they were happy with the way they were supported with their medicines, one person said, "Medication is brought out by staff and I get them when I should do." Care plans provided staff with guidance to ensure people took their medicines safely and as prescribed. Staff told us they had been trained to support people with their medicines. The registered manager or senior staff also carried out competency checks on staff to ensure they were safe to support people with their medicines. There were systems in place to ensure people received their medicines as prescribed which included weekly and monthly audits carried out by senior staff and the deputy manager.

## Is the service effective?

### Our findings

People told us staff had the skills and knowledge required to support them. One person said, "The staff are marvellous, they know what I need." We saw that relatives had given feedback, recorded in the provider's compliment's book about the competency of the staff team. One comment read, "Your staff make us feel confident that [person's name] is being cared for in every respect and to such a high degree." Staff we spoke with had a good knowledge of people's care and support needs and were skilled and confident in their care practices. For example, during the inspection we observed staff were quick to respond to people who became confused or distressed and used de-escalation techniques to put the people at ease. Which demonstrated that they were well trained in how to support people whose behaviour might become challenging.

Staff told us they received training that helped them in their role. One staff member said, "I've recently done some training in first aid and mental capacity. I've also been supported to undertake further learning, and I feel better in myself for learning more. It gives me confidence."

New staff working at the home were supported through a period of induction, followed by regular supervision meetings with a senior staff member. Staff member's induction was aligned to the care certificate which is a set of standards that aims to develop care staff's skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. In order to keep staff knowledge up to date the management team carried out knowledge checks with staff during supervisions. This enabled the registered manager to identify if staff needed additional training in protecting people from harm, or any other areas. The management team told us they kept up to date with best practice, by attending training events and subscribing to updates and newsletters provided by independent regulators, such as the Health and Safety Executive. This ensured people received support from knowledgeable, skilled staff. The registered manager told us in their PIR; "We have links with organisations that will provide us with specific guidance and training linked to best practice in the delivery of care and leadership and to further develop our knowledge and skills."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had a good understanding of the principles of the MCA and understood the importance of people being able to take risks and make their own informed decisions. Staff were also aware of the implications of making decisions in people's best interests. One staff member told us, "It's important to offer choices and we do this by talking to people. Some people struggle to make their own decisions, depending on their mood, but we encourage them to as much as possible."

Throughout the inspection we saw people were asked for their consent before care was provided. For example, people were asked whether they would like to take part in activities and where they would like to sit for lunch. We also observed staff discreetly asking people if they needed support with personal care or whether they would like staff support to move to another area of the home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection three people living at the home were subject to an authorisation to deprive them of their liberty. The registered manager explained how the decisions had been reached to ensure that people's rights and freedoms were lawfully protected. Staff were aware of people who were subject to DoLS and understood how people's capacity to make their own decisions can change. The registered manager explained to us that an application to deprive a fourth person of their liberty had recently been submitted and shared with us the process they had followed in consultation with the local authority. The registered manager's knowledge and guidance given to the staff team meant that people were supported in a way that protected their rights.

People told us they were happy with the food and drink they received. We saw that lunchtime was a sociable occasion with people chatting while staff provided discreet support to those who needed it. One person told us, "The food isn't always how I like it, but there's plenty of it. I do tell staff what I don't like and they do listen. Lunchtime is socially pleasant, a couple of people chat, which makes it nice." We saw at lunchtime people were shown an example of a plated meal to enable them to make a choice about what they would like to eat. This helped make their own decision about their lunch. Drinks were offered throughout the day and staff ensured that wherever people were located throughout the building they were offered regular fluids. One person told us, "I am always being offered drinks when spending time in my room, the staff keep me topped up." Where people were at risk of poor nutrition or hydration we saw the staff team had taken action and contacted relevant professionals to ensure people received the right support for their needs. For example, one person received a soft food diet to reduce the risks associated with swallowing difficulties. The registered manager told us, "We work hard to make sure people with additional nutritional needs are offered high calorie snacks and we monitor their weight weekly. We take a food first approach rather than focusing on supplements."

People received support from staff to manage their health. People told us staff were quick to make referrals to relevant healthcare professionals and acted 'without delay' to ensure people's health was maintained. One relative told us, "If anything happens to [person's name] in terms of their health their GP is contacted straight away." We saw from people's records that referrals had been made to the dietician, GP and the rapid response team where appropriate. People were also supported to attend routine appointments to maintain their health. For example, visits from the optician and the district nursing team. Staff at the home had established positive working relationships with visiting healthcare professionals and were able to promptly accurately share information about people's current health needs, which ensured appropriate care was provided. We spoke with two visiting healthcare professionals who told us they were given up to date information about people's health needs when they arrived at the home. We saw they had a positive working relationship with the registered manager and were welcomed in to the home by staff.

## Is the service caring?

### Our findings

People told us they felt happy living at The Croft because it had a 'friendly family feel'. One person told us, "The staff are brilliant, so kind." Another person commented, "The staff are very kind." People were spoken to by staff in a respectful and dignified way, which took account of their personalities as well as their fears and anxieties. Staff used people's preferred names, or terms of endearment and we saw people responded with smiles and laughter. There was genuine affection between people and staff, and we saw people hugging staff giving staff opportunity to provide affection and reassurance. Where staff were concerned about people they took a gentle, diplomatic approach. For example, we observed one person who regularly removed a breathing aid, which they needed to use to maintain their health. Upon observing this, several members of staff knelt close to the person as they sat in their chair and chatted with them for a while before reminding the person of the need to use the breathing aid. The person enjoyed the conversation with staff and so was receptive to using the aid at the end of each interaction. Staff demonstrated a caring, person centred approach, which focused on the person's needs and personality before the task of prompting.

We observed a very homely atmosphere at The Croft and people told us this was one of the reasons they enjoyed living there. One person said, "It can never be exactly like my old home, but it does feel like home for me now. I'm very comfortable here." Another person said, "Staff are very pleasant, very obliging, and always kind." Staff spoke about people with compassion and kindness and responded to people in a gentle caring way. Staff shared examples with us of how they went above and beyond their duties when supporting people. The registered manager told us one staff member drove to the relative of a person living at the home as they had not arrived to see their family member as expected. The staff member was concerned and travelled to check on the welfare of the relative. Other staff shared examples of how their colleagues worked above and beyond their normal working hours to support people with their interests and hobbies, in addition to the programme of activities taking place at the home. Staff told us they did this because they got satisfaction from seeing people enjoying themselves and it gave them a feeling of pride to be part of people's experiences. Staff told us a culture of care and compassion was led by the registered manager who modelled sensitivity and understanding. One staff member said, "I think [name of registered manager] sets clear standards and expectations and this is followed by the staff team. We are encouraged to get in to people's worlds, which I think demonstrates how much we care."

The registered manager and management team promoted person centred care which had a positive impact on the well-being of people living at the home. For example, we observed staff spent time talking to people about their well-being and offered them support depending on how they responded. Staff listened to each person, observed their emotions and responded to each person individually. We saw staff noticed one person who looked anxious and so encouraged them to participate in a conversation about a recent event which had a positive impact on the person's mood and expressions. Throughout the inspection we found staff were compassionate and committed to delivering a high standard of care and support. For example where people became forgetful or needed reassurance staff consistently responded with patience and kindness, using reassuring touch to relax people.

People were supported and encouraged to make day to day decisions about their care and support. One

person told us, "I like to get ready for bed between 6-7pm and wake around 6.15am. I get myself up washed and dressed, it's my choice." Another person said, "I like to spend the morning reading the paper in my room and then move through to the lounge later on in the day. I can choose how I spend my time." We saw staff actively listened to what each person had to say and took time to help people feel valued. We observed one staff member engaging in a conversation with a person living with dementia about the person's past and the staff member was able to reference certain events so that the person felt they understood their experiences. People who were not always able to verbally communicate were supported to express their views through staff offering them focused choices to avoid the person becoming overwhelmed. People were encouraged to be independent where possible and meal times were an example of this. Staff deliberately gave people time and space to eat their meals and observed people discreetly in case they needed support. This fostered an environment similar to that of a restaurant rather than a dining room and gave people the independence they enjoyed to chat to other people and socialise. We saw people's care plans offered guidance to staff about how to promote people's independence. For example one person's care plan stated, 'I need the light left on and things to be placed in reach.' Staff we spoke with were aware of this and recognised that this was important to support the person's independence.

People's dignity was not only maintained by staff members, but also promoted. Staff shared an example of how one person who required the use of a wheelchair was supported to visit their local pub. Although the person travelled to the pub in their wheelchair the staff member who supported them was mindful of the person's dignity, and so, at the person's request, supported them to enter the pub walking independently, as they had done in years gone by. The person's dignity was actively promoted by staff. We saw throughout the inspection staff supporting people in a dignified way. For example, staff used a quiet, gentle voice tone when talking to people to ensure others did not overhear. Staff asked people's permission before entering their rooms and discreetly adjusted people's clothing to maintain a high standard of their appearance.

Staff at the home recognised the importance of involving people's families and friends in the service and we saw a number of family members and friends visited on the day of the inspection. Relatives told us they were always made welcome at the home and we saw they were welcomed in to the communal areas of the home to share cups of tea and conversation. Other visitors spent time with people in their bedrooms, offering them privacy. Staff knew people's relatives and friends by name and engaged them in conversation, offering updates on people's well-being where appropriate. One person told us, "Visitors are always welcome, I am happy that [relative's name] visits once or twice a week." We saw that relatives were encouraged to take part in the social events at the home, and photographs taken at recent events reflected their involvement.

Although there was no one receiving end of life care at the time of the inspection the registered manager and staff team had experience of supporting people to make plans for how they wished to be supported in their final days. End of life care plans were developed which clearly detailed people's requests and preferences. The management team had established strong links with the local palliative care team and anticipatory medicines were kept on site to ensure people received a dignified, pain free death. Staff told us they would stay with people in their final hours and also offer support to relatives. We saw compliments received from relatives following the death of their family members had commended the staff team on the compassion they showed. One comment read, "Everything the staff did was second to none, we couldn't have asked for anything more. We always felt that when we visited [person's name] we were in their house because it was so comfortable and inviting." The management team told us they also supported relatives by attending the funerals of their family members.

## Is the service responsive?

### Our findings

People told us they were happy with the range of available activities and events that took place at the home. One person told us, "There is always something going on. I enjoy dominos, so I'm happy when that's available, but there are lots of other things, trips out, things like that. We've had days out to Bridgnorth and places like that. You can get involved in as much or as little as you like. I am perfectly happy."

Staff had a good understanding of people's past lives, including employment, family life and interests. We found that staff proactively sought to improve the way in which they supported people to follow their interests and hobbies. Two activity coordinators facilitated a programme of group and one to one activities which was tailored to people's individual needs, preferences and interests. On the first day of the inspection a quiz was planned, however when asked, people expressed they would prefer something else, so this was provided. We observed people playing 'wildlife bingo', which was used to generate discussion among people and was an opportunity to share experiences. We observed people sharing their life histories with others and talking about their childhood memories. On the second day of the inspection we saw some people were spending time with staff on a one to one basis looking at historical coins, and talking about their memories and experiences. We saw that one person who was cared for in bed who enjoyed singing, was regularly visited by a staff member who sang to them and encouraged them to join in. Another person was encourage to talk and offered sensory items to touch to stimulate their mind. People told us they were able to spend time, 'wherever they liked' and we saw people reading in their rooms, watching television and listening to music in the lounge areas.

Staff shared with us how they tailored activities to people's interests. One staff member told us, "I read poetry to [person's name] who is in bed. They enjoy being read to. I also look for uplifting articles to read with them, I read ones about dogs, as I know they used to breed them." We saw people had taken part in a range of activities according to their interests including card making, flower arranging and cookery competitions. One person told us, "The ladies who arrange the activities are great. We had a competition at Easter and all had such a laugh." People were given opportunity to live their lives according to their preferences and personal interests. For example, one person, who loved planes, was supported to visit the local Royal Air Force museum.

In addition to activities taking place at the home, people were also supported to take part in activities within their local community. A small number of people were regularly supported to attend the local dementia café, which offers a welcoming community of people who offer advice and support to people living with dementia, their family and friends. People living at the home had also attended a local school event at Christmas-time, which included a concert and Christmas meal. Shortly before our inspection a mother's day event had been organised at the home and relatives and friends had been invited to share a cream tea with their family members.

Relationships had been established with local organisations and community groups and volunteers from within the local community had been invited to spend time improving the outdoor facilities at the home, including the garden. Staff members responsible for the delivery of activities were encouraged by the

provider to share their ideas and experiences with staff from other homes, while attending community events. The provider told us they were also supporting a new venture led by a local GP which aimed to establish links with people living in care homes and the wider community. The provider and registered manager recognised the importance that community links would have on the well-being of people who lived at The Croft, by offering them a wider group of people to engage and share experiences with.

People and relatives told us they were involved in the assessment and planning of their care and support. One person told us, "We discussed my needs before I moved in. The staff got to know me quickly." The registered manager told us that following an initial assessment an individual care plan was developed detailing the care, treatment and support the person required. This ensured staff understood the personalised care people required. People's individual diverse needs were detailed and it was evident that staff had a good insight into people's personal routines and preferences. People were supported to follow their faith and this was respected by staff who supported them with visits from representatives from their preferred places of worship according to their individual beliefs. Staff followed guidance from care plans, which were written to reflect people's individual care preferences, as well as providing staff with essential information about each person. Detailed guidance enabled staff to support people in their preferred way, which meant people received the care they requested. There was a clear commitment from staff to promote people's well-being and ensure people experienced a good quality of life. Relatives had given feedback on how the staff team showed their commitment to supporting people to live their lives in the way they wanted to. One relative commented, "The Croft is an excellent residential home, its value is in the quality of its staff who are committed to the residents." Staff told us any changes in people needs were shared during staff handover to ensure people received up to date care and support. One staff member told us, "We have a handover each morning, the seniors will advise us of any changes and we also check the care plans kept in people's rooms."

People told us they were confident to raise any concerns or complaints and knew who to speak with if they were unhappy. One person told us, "If I have any concerns I can speak to [name of registered manager]. I know they'll work things out." Another person said, "They are very much on the ball, so I don't really have reason to complain, but if I needed to I know I could speak with [name of registered manager] or the provider, they are nice." Relatives told us they were in regular contact with the registered manager and raised any concerns directly with them. One relative said, "[Name of registered manager] is always available, as well as other staff. I have no concerns." Staff told us they and the registered manager spoke to people on a daily basis to enquire if they had any concerns. Staff shared examples with us of how things had been changed at the home following people's feedback. One staff member said, "We send a questionnaire out and we had some feedback from the residents about the menus, so we made changes based on their suggestions." The provider told us, "We want feedback from people and if people or relatives raise concerns these are addressed quickly." The provider had a complaints policy that was followed when they received information of concern. The registered manager confirmed that no complaints had been received in the last 12 months. Having a daily presence in the home enabled the registered manager to be proactive in dealing with any concerns and this helped to avoid anxiety for people living at the home.

## Is the service well-led?

### Our findings

Without exception people we spoke with told us they enjoyed living at The Croft. One person said, "It's marvellous here, it's more like a hotel than a care home." Another person told us, "I am happy here, it's comfortable." Relatives were also very positive about their family member's experiences of living at The Croft. One relative told us, "The home is consistent, staff know people very well. The Croft has made a massive difference to [person's name]. The home has a great reputation locally and we are very happy." The home had a sustained track record of meeting people's needs and providing good quality care and had been compliant in all inspections carried out by CQC in the last six years.

People and relatives also spoke very highly of the registered manager. One person told us, "[Name of registered manager] is very much 'on the ball'. Any action needed is taken quickly, for example with any health concerns." Another person told us, "I have lived here for a long time and I am very happy. [Name of registered manager] is very helpful and whenever I have any concerns they always sort things out." We reviewed feedback received from relatives about the management of the home and found this was extremely positive. One comment read, "You have proved yourself to be an excellent care manager, you have shown kindness and compassion...and we are forever grateful and thankful that [person's name] has been under your care." Staff told us they learned from the registered manager who they saw as a positive role model. The provider told us they were reassured that in the absence of the registered manager staff were confident and capable to continue to provide a high quality service to people. The management team also included an experienced deputy manager who held management responsibilities on a day to day basis and also led the staff team in the absence of the registered manager so that people benefited from a consistent service, from people who knew them well.

Staff were enthusiastic about their roles and spoke positively about the home, the registered manager and the provider. One staff member told us, "I think the quality of this home comes down to leadership. [Name of registered manager] leads the ship and the deputy manager supports as well. [Name of registered manager] is well organised, a good communicator and approachable. It doesn't matter how many times you ask, they are very patient." Another staff member said, "The fact that the home is well managed has a positive impact on people, they feel safe and secure. People tell me 'I'm grateful for [name of registered manager]; I have no one else I can reply on'. The provider is approachable too and asks how we are. If we need anything, they get it done." Another staff member told us, "The best thing about working here is the management team; they are easy to get along with. It's a lovely team." Staff told us they felt valued and received positive feedback from the management team. The registered manager ran an 'employee of the month' recognition scheme which included all staff roles, this ensured the contribution of each staff member was fully recognised and they felt valued.

Without exception, all staff we spoke with told us they would recommend The Croft to relatives or friends who required a similar service. One staff member told us, "I looked at places for my relative, but none of them felt like The Croft." Staff told us the home had a 'family atmosphere' and described feeling "part of the family". One staff member said, "The culture of the home is caring and it's driven by the registered manager and the provider. It's about compassion and understanding people." The provider told us and staff

confirmed, they were committed to ensuring staff had time to speak with people during each day and did not have to be 'task focused'. This meant people were supported by staff who were not pressured for time and could engage in conversation with them about things that were important to them and enhanced their sense of wellbeing.

People and relatives told us they were regularly asked to give their feedback about the home. We reviewed feedback from relatives which included comments such as, "It was a blessing to know [person's name] was receiving the best possible care, attention and love" and, "Nothing seems too much trouble for the staff, the care is outstanding. Your staff made us feel confident [person's name] was being cared for in every respect and to such a high degree". The provider used the home's quarterly newsletter to update people and their relatives on any changes made in response to their feedback and any improvements or purchases made at the home. For example, small tables had been purchased to enhance opportunities for one to one activities, and radiator covers had been introduced to enhance the appearance of the environment.

The provider had taken an innovative approach to gathering feedback and improving outcomes for people by employing the skills of a trained consultant who visited the home fortnightly to provide feedback on staff practice, people's experiences and general care practices. The feedback was then used to make improvements to the way in which people experienced their care and support, as well as to provide training opportunities for staff. Feedback from these visits had enabled the registered manager to ensure that support was tailored to people's individual needs. For example, improvements had been made to the way staff interacted with people to ensure each interaction was positive and led to a conversation and did not just involve a yes or no answer. This supported people to have the opportunities to enhance their sense of wellbeing and involvement throughout the day. The provider understood the importance of people's life histories so that care was delivered in a way that acknowledged and respected them. The provider told us, "Each person living at The Croft has a rich history and it's important that we capture that and make sure they are offered activities that reflect those histories and interests." Two activity co-ordinators worked alongside people to develop person centred activity plans, which offered guidance to staff about the person's history and interests. We saw as a result of these plans, people had been supported to visit places of interest to them, for example, one person had been supported to visit a local Royal Air Force museum. This visit had a positive impact on the person's well-being and gave them the opportunity for reminiscence of things that they enjoyed and experienced.

The registered manager was keen to develop and improve people's experiences of living at the home and proactively sought advice and support from other professionals including healthcare professionals, other social care providers and specialists in dementia care. For example the registered manager had worked with a local dietician to improve people's nutrition. Under the guidance of the registered manager staff provided people who were at risk of malnutrition with a 'food first' approach, rather than relying solely on the use of supplements to fortify a person's diet. This had a positive impact on people's health and supported people to maintain a healthy weight. Staff told us the registered manager had encouraged them to think about how people's experiences of living at the home could be improved and involved them in making changes and establishing improvements. For example, at the time of the inspection improvements were being made to people's individual activity profiles so that staff could better monitor what the person liked and disliked. This information was then used by the staff responsible for activities to improve options for each person and identify an improved programme of pastimes and events. Staff were encouraged to reflect on people's experiences by way of improving people's lives in a fulfilling way.

The registered manager used templates provided by external auditing agencies, as a template for more frequent checks, to ensure standards were met and maintained in-between external audits. For example, the checks carried out in relation to infection control were reflective of audits conducted by the local Clinical

commissioning Group (CCG). Following a meeting with other social care professionals the provider's safeguarding policy had been updated to reflect any changes in practice. The registered manager and other members of the staff team conducted regular audits to ensure people received a high quality standard of care. The registered manager monitored the frequency of all checks conducted and ensured any actions were followed up without delay. Checks were carried out on the home environment and where issues were identified, actions were taken to rectify them. For example, where health and safety audits identified issues with first aid resources running low, we saw replacement stock had been ordered.

The home had been awarded the Infection Prevention Charter Gold Award in July 2016, as recognition for the high standards of infection control at the home. The registered manager was also registered as an 'I Care Ambassador' which is a Skills for Care initiative, which aims to inspire and motivate people to understand more about working in social care. Some staff working at the home were also 'Dementia Friends' which is a national initiative that encourages people to undertake learning about how to better understand what it's like to live with dementia. Information and knowledge from events and accredited learning was promoted by the registered manager and shared with staff team, which had a positive impact on the culture of the home. When the registered manager became aware of updates from national organisations such as skills for care, or social care institute for excellence they shared this information with the management team who then developed and improved their current ways of working to reflect current best practice. For example, the registered manager had recently introduced observation sheets used by the management team to evidence staff practice. This gave them an opportunity to share both positive and constructive feedback with staff while including practical examples from observations of staff practice. Staff told us this feedback had helped them to improve how they interacted with people.

The registered manager worked in partnership with other agencies to better meet the needs of people living at The Croft and enhance their experiences of living at the home. For example, staff regularly supported people to attend a local dementia café, which offers a meeting place for people with dementia or memory loss, their families and friends. People living at the home had also been encouraged to take part in interviews for the recruitment of new staff, where they had the opportunity to ask questions about topics that were important to them. This enabled people to meet any prospective new staff and contribute their views on how they felt they would interact with people living at the home. The provider expressed a desire to continually develop and improve the service for the benefit of people who lived at The Croft. They told us, "The registered manager and I work together and consult one another. We work to foster a homely feel based on best practice."

The provider and registered manager had an on-going improvement plan for the home which included updating software used to produce people's care planning documents to ensure they could be more easily accessed and updated by senior staff as well as developing further networks for advanced learning and best practice guidance. They told us they hoped this would continue to positively impact the lives of people living at The Croft by providing staff with the best possible support to meet people needs to a high standard.