

National Society For Epilepsy(The) Croft Cottage

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Croft Cottage is a residential care home for seven people with epilepsy, learning and or physical disabilities. The accommodation is spread over two floors with lift access to the first floor.

At the last inspection in December 2014, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good:

People and their relatives were happy with the care provided. They described it as "Home from home, family environment, consistent individualised care".

Systems were in place to keep people safe. Risks to people were identified, managed and kept under review. People received their medicines safely. Staff were suitably recruited and sufficient staff were provided to meet people's needs.

Staff were inducted, trained, supervised and adequately supported in their roles. People had access to health professionals to meet their needs. Their nutritional needs were met and appropriate referrals and support was provided for people who required it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind, caring and had positive fun relationships with people. They treated people with dignity, respect and promoted their privacy.

People had care plans in place which outlined the care and support they required. They had regular reviews of their care to ensure any changes in their needs were addressed. Person centred and varied activities were made available to people. People were enabled to be involved in their care. Assistance and prompts were provided to enable people with limited verbal communication to have their needs understood and met. People and their relatives had the information they needed to make a complaint.

The home had an experienced manager and established staff team. They worked well together to provide person centred care to people. Systems were in place to audit the service and the provider monitored the service to ensure it was suitably managed.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Croft Cottage

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 checked 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 was a comprehensive inspection. It took place on the 7 March 2017. It was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

Prior to the inspection we requested and received a Provider Information Record (PIR) on the service. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed other information we held about the service such as notifications and safeguarding alerts. We contacted health care professionals, colleges and the activity manager involved with the service to obtain their views about the care provided.

During the inspection we walked around the home to review the environment people lived in. We spoke with people who used the service, the registered manager, acting deputy manager, team leader and two support staff. We spoke with four relatives and the activity co-ordinator by telephone after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for three people, shift planners, duty rotas, one staff recruitment file, staff training and four staff supervision records.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe and were happy living there. Relatives felt people had continuity of care which promoted safe care.

A professional involved with the home commented "There is a strong ethos on safety and thorough risk assessments allow all residents the right to take part and be part of so much. This is what makes the service so safe".

People had access to information about safeguarding and how to stay safe. Posters on safeguarding were displayed on notice boards and safeguarding was discussed in residents meetings. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. They were suitably trained and aware of their responsibilities to report poor practice. Staff were appropriately recruited and the required pre-employment checks were carried out prior to commencing work at the service.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered risks in relation to their health and well-being. People were supported to take risks to promote their independence and to allow them to be involved in activities of their choice. These were kept under regular review and updated in response to changes in individual's needs. Staff were aware of their responsibilities for responding to accidents and incidents. Accident and incident forms were completed and signed off by the registered manager. They were reported to the organisation monthly which enabled trends and reoccurrences to be picked up and addressed.

Environmental risks were in place which identified risks to people, staff and visitors. Daily and monthly health and safety checks took place to promote a safe environment. People had individual Personal Emergency Evacuation Plan (PEEP) in place which provided guidance on how they should be supported to leave the building. Fire drills took place and equipment such as hoists, lift, fire and electrical equipment was serviced and fit for purpose.

People told us staff were always available to support them. Staff felt the staffing levels were appropriate and flexible. People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The rota was adapted to take account of people's needs and activities. Three staff were provided on each day time shift with extra staff provided for specific activities or individual support for people. A waking night staff member and sleep in staff member was provided at night. Back up on call support was provided out of hours. Staff were aware how to access this.

Peoples' medicines were managed and administered safely. Daily and monthly medicine audits took place to ensure medicine was given as prescribed. Staff were suitably trained and deemed competent to administer medicines. Policies were in place to promote safe administration of medicines.

Is the service effective?

Our findings

The service continued to provide effective care to people. Relatives felt staff were skilled and able to provide the care and support required.

A professional involved with the home commented "Croft Cottage runs as a home and it is effective in caring for the men and women who live there".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate referrals were made and staff were aware who required a DoLS and why. People's care plans outlined if they could consent to their care and treatment or not. Where it was felt they did not have capacity to do this family members had consented. However the registered manager and staff recognised best interest meetings were required where a specific decision on care and treatment was required. Throughout the inspection we saw people were consulted with and involved in their day to day care.

People were supported by staff who were suitably inducted, trained and supervised. New staff were inducted and worked alongside experienced staff in getting to know people. Staff spoken with were clear of their roles and responsibilities. They confirmed they received regular training. Systems were in place to monitor training and updates were booked when required. Staff told us they felt very well supported. They confirmed they had one to one supervision meetings but did not have to wait for a meeting to discuss concerns. They told us they could talk to the registered manager at any time. Formal one to one meetings with staff took place. Regular team meetings and two weekly clinical review meetings also took place. These enabled staffing issues and changes in people's needs to be discussed and considered.

People's health needs were met. People had access to health professionals such as a GP, Optician, Dentist as well as access to specialist services such as physiotherapists and speech and language therapists. People's care plans outlined the support they required with their health needs. Records were maintained of appointments with professionals and any action required. People had a hospital passport in place which provided key information on people. This aimed to promote safe and consistent care for people on admission to hospital.

People told us they were happy with the meals provided and were involved in menu planning. People's care plans outlined the support they required with their meals and risks around malnutrition were identified and managed. Staff took responsibility for cooking the meals whilst encouraging and supporting people to be involved in the task to develop their skills and independence. We observed a meal time. Staff and people who used the service ate together. There was lots of discussion and laughter between people who used the service and staff which promoted a fun, homely atmosphere.

Is the service caring?

Our findings

The service continued to provide a caring service to people. People and relatives were happy with the care provided. They described staff as "Kind, caring, adaptable, interested and fun".

A professional involved with the home told us from their experiences the home was caring. They commented "I have felt that everything happening at Croft Cottage is about the people who live there. To me I feel that the staff at Croft Cottage really believe it matters and it's important and the residents there are truly cared for".

The home had a calm, busy but relaxed, fun and homely atmosphere. During the inspection we observed positive interactions between staff and the people they supported. The majority of staff had worked at the home for many years and knew people really well. This was evident in their interactions and engagement with people. People were treated as equals and with dignity and respect throughout. They were listened to and consulted with on all aspects of their care. Staff were kind and sensitive to people who were upset or unwell. They provided reassurance and distraction. We saw use of appropriate touch, good eye contact and laughter.

A professional involved with the home told us "The staff speak appropriately to residents and the residents have picked up really good habits of listening sharing and experiencing life with the staff on duty. Staff involve the residents appropriately and this happens in a caring way especially in a group home with such a diverse group".

People were encouraged and enabled to be involved in their care and their independence was promoted. Their care plans included guidance on promoting people's life skills and this was encouraged during the inspection. Resident meetings took place which enabled people to be involved and consulted with on issues that affected them as a group. People had a key worker who worked closely with individuals in supporting them with their individual needs and wishes. People were aware who their key workers were and had positive relationships with them.

People told us their privacy was respected. During the inspection staff knocked on people's doors prior to entering. People's bedrooms were bright, personalised and decorated to their taste.

People's care plans made reference to end of life care and whether it had been discussed with people and their families.

Is the service responsive?

Our findings

The service continued to provide responsive care to people. People and their relatives felt staff were responsive to people's needs. One person commented "Staff know me really well and know how to support me". Relatives told us they found staff were always responsive and attentive to people and visitors.

People had care plans in place. They outlined their needs and support required. They were detailed, specific and included pictorial guidance where required to enable staff to support people safely. Care plans were kept under review and updated when required. People had annual reviews which family members were invited to.

People were actively involved in their care. They had detailed, accessible communication diaries in place which outlined the support they needed to communicate. Staff had a good understanding of people's communication needs and promoted their involvement in all aspects of their care. People were routinely given choices in relation to what they wanted to do, eat and drink. We saw a "talking mat" was used to enable people with limited verbal communication to give feedback on the service. Pictures and symbols were used to enable people to inform the service if they were happy with their care or not.

A professional involved with the service commented "There are individuals who can make their own choice and offer their opinions. Every single resident has a communication passport and the whole team have made sure that everyone is listened to and have a voice and that it matters".

People were positive about the range of activities made available to them. They proudly showed us photos of trips they had been on. Person centred weekly activity programmes were in place which took account of people's needs, interests and hobbies. People were able to choose leisure activities they wanted to be involved in which included trips to London, the seaside, museums, air and car shows. Each person had a travel plan in place which highlighted risks. It ensured appropriate measures were in place and had been considered for individuals before a trip out. This enabled people with complex medical needs to be able to take part in leisure activities. One relative told us they felt their family member did not have access to regular activities in the community due to the homes transport not been suitable. The registered manager confirmed they were able to access a larger vehicle from other homes. They were also looking to purchase of a new vehicle which would be suitable.

People told us they would talk to staff if they had any worries or concerns. Relatives felt able to raise any issues and felt confident they would be dealt with. Staff knew what they had to do if a person or a relative raised concerns with them. The home had a complaints procedure in place. A user friendly version of the complaints procedure was visible on communal notice boards. Systems were in place to log complaints. The home had no recent complaints logged. The home had one recent compliment on file which thanked staff for their commitment in supporting people with activities.

Is the service well-led?

Our findings

The service continued to be well-led.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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, relatives and staff were complimentary of the registered manager. People told us they liked the manager. Relatives described the manager as "Thorough, fair, approachable and good at what he does". Staff told us the registered manager was a "Good person and someone they can count on". They commented "The manager cares about the people they support and staff". They described him as "A man with a big heart, supportive, understanding, accessible, approachable, helpful and reliable".

A professional involved with the home commented "The manager of Croft Cottage is both a good leader and true professional in all aspects of his work. He is approachable and has a very considered approach, I find his thoroughness in all aspects of the service at Croft Cottage really reassuring. He listens, communicates and initiates. He truly cares about every resident and he is really proud of everything they do. The manager and his team are a really happy proud group, who seem to just love doing their jobs in the best way possible. That's true leadership at its best".

The registered manager was committed to providing the best care to people. They had developed an experienced staff team to support them. The registered manager was constantly looking for ways of improving people's lives. They worked positively with staff, other professionals and relatives to bring about changes to benefit people.

Records viewed were organised, accessible and suitably maintained. Systems were in place to monitor the quality of the care provided. Daily and monthly checks and audits took place which included audits of care plans, catering, health and safety, infection control, staff supervisions and training. Alongside this the provider carried out quarterly quality monitoring visits. Records were maintained of the visits and action plans put in place to address findings. These were kept under review by the nominated individual.

People, relatives and staff were asked for their feedback on the service to drive improvement. Regular meetings took place and an annual survey was completed in December 2016. The results of the survey was analysed and an action plan put in place to address findings.