

Mrs Velda Reilly

Croftfield Residential Care Home

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

About the service

Croftfield Residential Home is a residential care home that provides personal care and accommodation for up to 22 older people, some of whom may be living with dementia. At the time of the inspection 21 people were living at the home. The home is a converted Victorian building set in its own gardens and situated in a rural area in north Cumbria. Croftfield Residential Home will be referred to as Croftfield within this report.

People's experience of using this service and what we found

The service put people at the centre of the care they received. People received a responsive service that was very person-centred. Staff included people to develop detailed care plans. People's changing needs were identified and responded to very quickly. People and their relatives told us they had made good progress and their well-being had benefited significantly since arriving at the home. The service provided a consistently high standard of compassionate end of life care and took into consideration the needs of relatives and friends. This was confirmed by healthcare professionals.

The provider and staff were creative in finding ways to involve people in the local community and to maintain and develop new interests to improve their quality of life. An excellent range of activities and opportunities were available to people inside and outside the home.

People received safe care. The provider had systems to protect people from the risk of abuse. Staff assessed and managed risks to people to help keep them safe. There were enough staff to support people. The provider carried out checks on new staff to ensure they were suitable to work in the home. Staff managed people's medicines safely and kept the home clean and hygienic.

Staff supported people with their healthcare needs and worked well with external healthcare professionals. The service met people's nutritional needs and worked with them to make sure food and drinks also reflected their preferences. People were cared for by staff who were well supported and had the right skills, knowledge and training to meet their needs very effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. We were told on numerous occasions by people and relatives, "Croftfield feels like a proper home not an institution." The service supported people to be independent. We received very positive feedback about the caring approach of staff.

The service was being well-led by an established manager, who was also the owner/provider, and people felt she was very approachable and caring. People felt the care they received was of a high standard and liked living at the home. Everyone we spoke with said they would highly recommend the home. The culture was open and inclusive. If people were not happy, they were confident they could speak with staff to make

improvements. The manager understood their responsibilities and monitored the quality of the service using a range of systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Croftfield Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Croftfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is owned and run by the provider who is also the manager of the home. They are registered with CQC as the provider and are therefore not required to be registered as the manager as well. This means that they have sole legally responsibility for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time in each unit and in communal areas speaking with people and observing their daily activities and staff interactions. We spoke with fourteen people who used the service and five relatives about their experience of the care provided. We spoke with six members of care staff, the manager/provider, the deputy manager, chef and domestic staff. We looked around the home to check it was clean and a safe place for people to live.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service, including how the manager/provider monitored the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We were contacted by a further five relatives to give us feedback on their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe. One person said, "I feel very safe here." And a relative told us, "We feel so relieved and confident that [relative] is in the best possible place, being well-cared for and in safe hands."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff managed risks to people's safety. This included assessments of specific risks, such as the risk of falls and risks arising from moving and handling, for skin integrity and nutritional needs. Staff were provided with guidance on how to manage the risks in a safe and consistent manner. One person told us, "I had falls at home but now staff remind me to use my zimmer and to take my time when getting up."
- The environment and equipment were well-maintained and safe. The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.
- The manager promoted an open and transparent culture in relation to accidents, incidents and near misses. Where they identified any areas of concern these were shared with the staff team to ensure lessons were learnt to improve the service.

Staffing and recruitment

- The service was well staffed. People told us there were always enough staff on duty. One person said, "They [staff] come straight away. I never have to wait." A relative told us, "I see plenty of staff when I come in, loads really." The provider made sure extra staff were available at busy times of the day or when people needed extra support, such as when giving end of life care. We observed staff were readily available and responded to people promptly during the inspection.
- The manager continued to follow safe recruitment practices and kept all the records, as required by law.

Using medicines safely

- People received their medicines when they should. Only staff who had been trained, and had their competence assessed, administered people's medicines. Medicines were stored securely to prevent their misuse. Staff kept accurate records of the medicines they had given to people.
- Staff were knowledgeable about the side effects of medicines and were proactive in contacting the GP if they had any concerns.

Preventing and controlling infection

- People were protected against the risk of infection. Staff received training in infection prevention and control and followed good practice in their work. We observed staff wearing personal protective equipment, such as disposable gloves and aprons, to help protect people.
- The home had achieved a five star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good.
- The home was clean and hygienic. People and their relatives commented on the home being kept "immaculately clean."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective and appropriate care which met their needs and protected their rights. Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff knew people's individual needs and preferences very well.
- The manager used recognised tools to assess people's needs and referenced good practice guidance and legislation.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. Staff were all clear on their roles. This was supported by senior staff who gave clear direction and set high expectation on the standards required.
- People gave us positive feedback about how staff supported them. One person told us, "I've been very impressed with how on the ball the staff are. They know their stuff and have plenty of training."
- Staff were well supported by the management team. This was through day to day contact, regular supervision and annual appraisals of their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to receive a balanced diet and to have sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example, of malnutrition or difficulties with swallowing. Relatives reported people had healthy weight gains since being in the home.
- People were extremely satisfied with the food provided and the choice. A mid-week roast dinner had recently been added to the menu at people's request.
- One relative told us, "[Relative] has a particular liking for fried onions which the chef cooks especially for him" and "For [relative] its salmon or prawns whenever she takes a fancy for them." Another person said, "The food is excellent, very good and a nice variety."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. Staff incorporated professional guidance into people's care plans.
- A number of relatives told us of the progress their relative had made since being at the home. One told us, "[Relative] has gone from strength to strength. We really didn't expect to see progress at this stage. The staff

really work as part of a team with health services to get the best possible outcome for people."

- Healthcare professionals told us staff reported changes and requested input "promptly" and were "very competent and knowledgeable about each person."

Adapting service, design, decoration to meet people's needs

- The service was adapted to be safe, accessible, comfortable and homely. The provider ensured the premises were well maintained. People were consulted about improvements, for example, about how the home was decorated, and we saw people had been supported to personalise their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People's rights were protected. Staff had received training in MCA and verbal consent for all interventions were carried out during the day to allow people choice and control in their daily life.
- Where a person was found to lack capacity to make a decision the best interest decision-making processes were followed. This included involving relevant family, representatives and professionals in the process.
- The manager completed DoLS applications when required and kept a record of those awaiting authorisation. There were currently two people subject to DoLS orders and the conditions were being adhered to and included in how care was planned and delivered.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness by staff who promoted equality and valued diversity. Staff understood the importance of valuing people's individual backgrounds, cultures and life experiences. People's wishes were respected by the staff team. A relative told us, "The home has a lovely atmosphere and doesn't have an institutionalised feel to it."
- Staff spoke to people politely and patiently, allowing them time to respond. People were clearly very comfortable with the presence of staff members and we noted a lot of warm and friendly interactions. People and their relatives spoke very positively about the staff and their care. They told us, "I would wholeheartedly recommend Croftfield to anyone. It truly is a home that cares. Nothing is too much bother for them."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions about their care and support. The manager used several methods to gain people's views including daily interaction, regular reviews of people's care and resident's meetings.
- People were treated very much as individuals and made their own choices about how they wanted to spend their time. A relative told us, "My [relative] in particular was worried he wouldn't feel relaxed and comfortable in a care home but he is very settled and regularly comments on how he can just please himself what he does all day from getting up to going to bed."
- Where necessary, independent advocacy could be arranged for those who needed assistance expressing their wishes. An advocate is a person who is independent of the home and who can support a person to share their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. When delivering personal care, for example, staff ensured doors and curtains were closed and people were covered. One person told us, "Staff are very particular about us looking smart and well turned out. This is very important to me too." A relative told us, "The staff very definitely respect [relatives] space."
- Staff told us promoting independence was important to people's self-esteem and in retaining skills. For example, one person was supported to carry on an interest in gardening. Their relative told us, "It was a simple act by staff but it made my relative feel capable and valued." Another relative told us, "The staff support my [relative] being as independent as she can be, but are always there to step in where needed, responding appropriately. They are really good at maintaining dignity which is very different from their previous experience of care homes."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided consistently person-centred care and support tailored to people's individual needs and choices. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff continued to involve people in regular reviews to ensure planned care responsive in meeting their needs. One relative told us, "We are very pleased to see the work the staff have undertaken with [relative's] care planning. This has included her and her very important wishes, and input from ourselves as well as medics."
- People and their relatives were highly satisfied with how changing needs were identified and responded to quickly. One relative told us, "The staff have made a great transformation. As time goes by we can see more and more improvements to [relative]. The staff are so good at recognising when [relative] suddenly goes downhill and then doing something about it."
- Professionals were highly complementary about the responsiveness of the staff team and confirmed staff were able to discuss people's needs in depth as staff knew each person's needs well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with and supported to participate in activities to help maintain their social health and well-being. Staff supported people with individual and group activities such as visiting entertainers, arts and crafts and trips out to local attractions. People told us they enjoyed the activities. One person explained they particularly enjoyed playing dominos and told us, "There's a lot to keep me busy." And a relative told us, "My [relative] has benefitted tremendously from the activities to help stimulate both physically as well as mentally."
- People were supported to maintain relationships with those close to them. Staff supported people to call relatives on the telephone and relatives we spoke with told us there were no restrictions on when they were able to visit.

End of life care and support

- People were supported to have a peaceful and dignified death. The service followed best practice guidance in relation to planning end of life care. The senior staff team had recorded people's end of life decisions, their preferences and any spiritual needs.
- The home worked with local GPs and district nurses to make sure appropriate care and symptom control was provided as a person approached the end of life. Professionals involved told us the staff worked well with them to provide a high standard of care. We were told "They [staff] do look after people really well with end of life care, and they always follow our lead and guidance."

- The staff team had received several compliments around end of life care and the quality of the care they provided to people and families. Families and friends were encouraged and supported to stay with relatives for as long as they wanted to. Meals and drinks were available for them. Staff ensured people at end of life always had someone with them and took it in turns to sit with people through the night.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider treated any concerns or complaints as an opportunity to learn and to improve the service.
- People who used the service, relatives and staff all told us they would have no hesitation in speaking with the manager/provider or any staff if they had a concern or complaint. They were confident any issues would be resolved swiftly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At this inspection we found some characteristics of 'outstanding' evident. This was echoed by the consistent and very positive comments in the feedback we received from people who used the service, their relatives and the staff.
- The manager/provider had created a culture that was open, inclusive and put people at the heart of the service. People spoke very positively about how they could make their own decisions. One person told us, "My parents are treated as individuals and are encouraged to maintain their independence and abilities."
- The manager/provider provided strong leadership and led by example. A relative told us, "She leads with a very positive style. Is professional but also approachable, caring and empathic. She is very quick to pick up on distress and give time to relatives, myself included."
- Staff told us they had full confidence in the manager/provider. Staff were keen to tell us of how the manager had supported them through difficult personal difficulties and many said her "Door is always open." One staff member told us, "We work as one big family team. We all pull together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- All staff had a clear understanding of their job roles and how to provide high-quality care through well-organised team work. The deputy manager played a key role in supporting the manager/provider with monitoring the quality of the service. Senior staff were good at organising and deploying care staff.
- All staff were enthusiastic about their working roles. One person commented of the service they received, "I can't rate it highly enough." A relative told us, "It's brilliant. They go out of their way for you."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The manager/provider used face to face meetings to include people in the running of the service. A variety of topics were covered, such as food provision and activities. People told us the staff and manager continually asked for feedback and one person said, "They encourage us to talk to them." A relative commented, "They listen to everything I have to say."

- Regular staff meetings were held, along with individual meetings with the manager. This gave staff the opportunity to influence how the service was delivered to people.
- The service worked in partnership with a range of healthcare professionals to ensure co-ordinated care and support. Health and social care professionals confirmed strong and effective relationships with them and commented on the skills in the staff team in judging when to contact them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure on the duty of candour responsibility if something was to go wrong and how to share information with relevant parties, when necessary.
- Staff understood the importance of reporting accidents, incidents and changes in people's mental and physical health and of keeping families informed. This indicated that the principles behind a duty of candour were recognised and valued within the service's culture.