

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

Croft House

138 Leicester Road, Thurstaston, LE7 7JJ

Tel: 01162368666

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Voyage Limited
Registered Manager	Ms. Kym Lawrence
Overview of the service	Croft House is a care home that provides accommodation for 7 vulnerable adults who do not require nursing.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

Because many people who live at Croft House have cognitive disability or communication difficulties, we were unable to ask people directly about their experiences. We spent time and observed people's daily routines and interactions with others from a distance. We looked at the comments returned on the latest Quality Assurance (QA) questionnaire distributed to people using the service, their relatives and visiting professionals. People that commented on the returned QA forms, "They (the staff) do a fantastic job, if needed a private chat and they are very discreet," another person said they were "Very satisfied" and "The staff are polite and helpful, and keep us informed with the monthly newsletter." We observed staff talking with people this was done with their privacy and dignity in mind and showed the staffs' awareness of peoples individual support needs. We also looked at areas such as peoples' consent to treatment, how people receive the correct diet and nourishment, and how staff complete care and other supporting records and documents. We also looked at how the staff were supported with training and both individual and group meetings.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Some of the people who lived at the home communicated by using an individual communication method, and others used specialised Makaton sign language. We were unable to ascertain what a number of people felt about their experiences in the home but observed people's daily routines and interactions with others from a distance.

We observed a number of people using the service, prior to them going out on their daily activities. They appeared calm and relaxed throughout the time of our visit. We observed people being assisted to dress appropriately for the weather. We did not directly observe this process but staff informed us they prompted people using specialised picture cards. Staff also informed us that the people using the service are offered a number of choices in their daily activities. These are then recorded on a personalised timetable. This means that people are given choices of what activities they attend, on any given day. In effect people are regularly asked to consent to their care and treatment; we found this was applied not only in the activities sessions, but also in meals and general day to day living that people undertake. People using the service are generally unable to give written consent and we have found this type of specialised pictorial prompting is an excellent means of people communicating their needs.

We are aware that some people's close relatives attend care plan reviews and on occasion have signed people's care plans to agree the levels of assistance and prompting people require.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. Some of the people who lived at the home communicated by using an individual communication method, and others used specialised Makaton sign language. We were unable to ascertain what a number of people felt about their experiences in the home but observed people's daily routines and interactions with others from a distance.

We looked at people's support plans for eating and drinking. We found people were supported by staff who knew their likes and dislikes and how much assistance they required. We saw how people are offered choices of their meal preferences again using specialised picture cards. We looked at the back up information available for staff held in the office. We found this to be informative and designed to assist the staff in compiling a nutritional plan to suit each person's individual needs. Staff told us about the nutrition course they have attended which gives information about referrals to the nutritionist sometimes they are known as a dietician. This means people are given the means and individual assistance to ensure people using the service remain healthy.

We found additional documents in place to help staff monitor people's conditions. These covered the amount that people have eaten and drunk, as well as monitoring people's weight gain or loss. We saw where specialised cutlery has been purchased and on speaking with the staff, they were aware how and when these were necessary to maintain people's independence. We also looked at copies of the menus which are produced in a pictorial format to ensure people are aware of what choice is offered. We also looked at the staff training programme and noted a number of staff have been trained in food hygiene practices. There are also quality assurance checks in place, to ensure that food is received, stored, prepared and served in an appropriate way. This includes the taking of hot food temperatures as well as food in cold storage.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately.

Some of the people who lived at the home communicated by using an individual communication method, and others used specialised Makaton sign language. We were unable to ascertain what a number of people felt about their experiences in the home but observed people's daily routines and interactions with others from a distance.

We looked at the medication system, and spoke to the staff how they administered people's medicines. We looked at the paperwork used to record what medicines come into the home, what and when these were given and when they were returned to the chemist if no longer required. These were all completed appropriately and reflected what medicine was used in the home. We also saw that the staff take care to record the temperature of the medicines stored in the medication area and fridge to ensure they remain in a usable state. We looked at care plans which also include the details on how each medicine should be given. This means that people are administered the correct medicines, at the right time and by the correct route.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

Some of the people who lived at the home communicated by using an individual communication method, and others used specialised Makaton sign language. We were unable to ascertain what a number of people felt about their experiences in the home but observed people's daily routines and interactions with others from a distance.

We looked at how staff have their skills developed and are supported to provide care for people using the service following their recruitment.

We confirmed with the staff group the induction training they had from the point of commencing in the home, through to their current training and development programme. The training programme covers people's basic training needs and professional development through both internal and external training courses. A number of these courses are computer based, which means that individual staff can undertake them at a pace suited to them. This means staff are assisted to learn new skills and undertake refresher courses as and when required, which in turn allows them to support people using the service.

Staff are subject to supervision and appraisal. Supervision ensures staff are experienced in working with people living in the home on an individual basis. Appraisal forms part of the supervision process, and this allows planned training to be targeted to individual staff where necessary. Staff indicated they could suggest and request specific training courses to enable them to care for people using the service. This means that staff are subject to continual training and development, which should ensure they are enabled to support all living in the home.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed.

We did not speak with anyone using the service about this outcome. We looked at a number of records kept about people in the home and how their care is managed and delivered. We looked at the support plans that staff use to guide the care people receive and the records that the staff produce to record the care, activities and assistance offered throughout peoples stay. We noted that these are produced in a number of ways which assists people who use a communication means other than speech.

We also looked at other supporting records and documents, for example health and safety records. These reflected a range of tests which are regularly undertaken by staff, and ensure people are cared for in a safe environment. Staff took care to maintain and store all records in a confidential and secure way to protect people's privacy. Records are retained and disposed off in a secure manner, following the appropriate timescales in line with company policies.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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