

## 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)

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### 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

### About the service

The Croft is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 24 people. The Croft is set out over two floors in one adapted building.

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

People and their relatives held the management and staff at The Croft in high regard. People were continued to be cared for in an exceptionally kind and warm way. People were given time they needed to express their wishes, views and feelings and staff afforded people with a high level of dignity and respect.

Staff continued to promote the importance of choice and ensured people were able to have their preferences met. People were given the opportunity to express their views in a number of ways and the provider was continually making improvements to ensure people received high quality care. Records evidenced people's needs had been assessed and demonstrated the on-going care and support people received.

The provider continued to have a visible presence at the home which people appreciated and valued and they were supported by a registered manager who led by example and was motivated and passionate about improving care for people living at The Croft. The management team had built on their systems to sustain and improve the quality and effectiveness of the service.

The staff team worked well together and understood their roles and responsibilities in relation to ensuring people were kept safe from risk and avoidable harm. People received their medicines on time and as prescribed.

People had access to healthcare as required and the provider had forged good relationships with health professionals to ensure people received healthcare support that was appropriate and timely. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Outstanding (published 8 August 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# The Croft Residential 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 undertaken by one inspector. Following the inspection, an assistant inspector contacted relatives on the telephone for feedback about The Croft.

#### Service and service type

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with four people who used the service about their experience of the care provided. We spoke with

eight members of staff including the provider, registered manager, a quality assurance advisor, a senior care worker, two care workers and two activity coordinators.

We reviewed a range of records. This included two people's care records and medication records. Records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

An assistant inspector spoke with four relatives over the telephone.

# 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 living at the Croft told us they felt safe. One person said, "I feel safe when I am here because there are always staff around to help me."
- Staff were trained to identify signs of abuse and report concerns in a timely and appropriate way.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed, planned for and recorded in a risk assessment.
- Where required, actions had been taken to mitigate risks and maintain people's safety.
- Staff knew people well and understood how to use the risk assessment guidance to keep people safe.

Staffing and recruitment

- The provider used a staff dependency tool to ensure there were sufficient numbers of staff to meet people's needs.
- People told us they were not left waiting to receive support and our observations on the day of inspection confirmed this.
- The provider recruited staff in a safe way and carried out checks to determine the suitability of staff to work with people. These included checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

Using medicines safely

- Medicines were managed in a safe way. People received their medicines on time and as prescribed.
- Medication was recorded and stored in line with best practice guidance.
- Staff received on-going training and regular observations were made of their practice to ensure they remained competent in the safe administration of medicines.

Preventing and controlling infection

- Staff told us how they ensured people were protected from the risk of the spread of infection. One staff member said, "We wear our personal protective equipment and we having infection prevention and control training."
- We observed staff adhering to infection control practices and procedures.

Learning lessons when things go wrong

- The provider had employed a quality advisor to monitor and enhance the safety and quality of the service.
- Where shortfalls were identified, or when things went wrong, actions were taken to reduce the likelihood

of an incident reoccurring.



# 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's needs were assessed in line with best practice guidance.
- Care plans documented people's outcomes and objectives, and these were regularly reviewed and updated as people needs or wishes changed.
- The provider had invested in electronic care planning software and was in the process of rolling this out across the service. The provider told us, "I believe this will be a good investment; staff can spend more time with people and update records as they go along. This will be the one main benefit of using this system."

Staff support: induction, training, skills and experience

- Newly employed staff went through an induction process to include training and shadowing of competent and experienced staff.
- Staff received on-going training to enable them to care for people in the most effective way.
- Staff shared their views and ideas in supervision sessions and used these as an opportunity to discuss their own practice and development needs.

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

- People's nutritional needs were met.
- People were complimentary about the food describing it as, "Excellent", "Great" and "Always homecooked." People were given choices about the type of food available and different dietary requirements were catered for.
- When people did have specific nutritional needs, the registered manager sought the advice of relevant health professionals to ensure people received a healthy and balanced diet.

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

- Health and social care professionals regularly visited the home to review and support people's healthcare needs.
- People had regular access to healthcare as they needed it. Staff had developed good working relationships with professionals such as district nurses and GPs to ensure people received consistent care in a timely way.
- Staff told us they supported one another and worked well as a team. One staff member said, "The team is brilliant." Another staff member told us, "We are a very close team. We have found if we don't work as a team, it doesn't work at all."

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

- The home had been adapted to maintain people's safety whilst ensuring the environment remained homely.
- The quality advisor had been responsible for enhancing the environment to become more dementia friendly. Appropriate signage was displayed around the home and equipment had been purchased to support people living with dementia. There were plans to further develop the home for people living with dementia.

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 told us staff respected their ability to make their own decisions and choices. One person said, "Staff have got to know me; they don't just do things for me. They [staff] ask what I want and how I would like things done; they are always asking me about everything."
- Staff demonstrated they understood the principles of the mental capacity act and knew who was under a DoLS authorisation and what this meant for them.
- The management team had devised an aid memoire card that gave staff details about the MCA and DoLS and which all staff carried on their person.

## 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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People living at The Croft continued to be consistent in their views about the high level of quality care they received at the home and how this impacted on their happiness and well-being. One person said, "I am so happy; I couldn't be in a better place. The staff are wonderful. The staff are always around and let me know about [another relative of mine who lives here] and they take away my worries and that makes me feel good." Another person told us, "It's really good this place is. They [staff] look after me so I do alright. The staff are the strong point. They are always here if I need them and it makes me feel better knowing I do not have to worry anymore."
- Relatives agreed their loved ones remained in the presence of kind and compassionate staff and shared the positive impact the excellent care had on their relatives. Comments and feedback included, "Staff in the home are very special; they really care about [name of person]", "[Name of person] has more smiles and hugs for the staff nowadays than they do for me. I walk away knowing they are happy and well looked after and this makes me happy", "The staff are the flagship of The Croft; warm, caring and welcoming, they put [name of relative] at ease and they feel safe" and "The staff are so special, they really care about [name of relative] who was really reluctant to move into The Croft. They now say they made the right choice and I can see how happy they are."
- Staff were seen to have markedly warm, friendly and compassionate relationships with people. We observed staff responding to people's needs without hesitation and doing so with genuine concern for people's happiness, comfort and safety.
- Equality and diversity was still imbedded in the culture at The Croft. People were supported to ensure their diverse needs were met and specific adaptations had been made around the home to ensure people had equal access to the services provided. For example, the provider had converted a bathroom to a wet room to meet a person's change in needs. They told us, "Everyone is treated equally; if someone has, or develops specific needs, then we change our practice to accommodate those needs." Staff confirmed they continued to receive equality and diversity training, and this underpinned their knowledge and skills.

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

- People were continually encouraged to express their views and staff ensured people had the opportunity to make day to day decisions about their care. Staff spent time with people giving them the time to express their wishes and staff responded to individual needs in a person-centred way. One person told us they still liked to go out in the community using local transport. They said, "The staff are always checking I am fit and well enough to go out and about; and if I am not, I know I can tell them, and we make sure the buses are running and look at bus routes, so I can get back safely." Another person, for personal reasons had decided

to stay in their room whilst they awaited some personal news. The person had communicated their wishes to staff and staff were seen to be respectful of this decision showing a genuine empathy for the person's situation, offering company and time for discussion at the person's request.

- The registered manager and staff developed different ways for people to communicate their needs and preferences. Regular meetings were held with residents at The Croft and people were encouraged to come to the meeting with a 'conversation starter' to encourage discussion and participation between residents. This ensured people were able to explore topics and issues which were really pertinent and meaningful for them. People continued to be consulted in daily decision making through 1:1 support and had continued to contribute to decisions which would impact on everyone at the home such as the décor and choices of food and drink.
- Relatives confirmed they were consulted as necessary and with people's permission.

Respecting and promoting people's privacy, dignity and independence

- The Croft employed a dignified approach to care, and this was evident through our observations and through feedback we received.
- People's privacy was maintained, and staff were respectful of people's wishes. People told us they felt valued by staff and nothing was too much trouble. A staff member told us, "We treat people with dignity and respect, it is part of our everyday practice."
- Staff demonstrated a 'can do' attitude and promoted people's health and well-being by enabling people to be as independent as possible. One person said, "Staff stay with me but let me be independent. They are not intrusive and show me respect."

# 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 Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider was committed to ensuring services were person centred and had developed the practices that underpinned the planning and delivering of care and support in line with people's identified wishes and preferences. Two activity co-ordinators continued to be responsible for facilitating activity programmes and ensuring these had meaning and purpose for people.
- Regular meetings were held with the provider, the activity coordinators and the quality assurance advisor to evaluate practice and look at new ways of evolving the service. The provider said, "By doing things this way, it enables us to build on the person-centred approach utilising the different skill set these staff bring. We are able to check what is working for people and how we measure ourselves as we have introduced activity evaluation forms which people complete with staff. We are concentrating on making sure people have access to evening and weekend activities and activity provision on a one-to-one basis."
- The activity co-ordinators continued to demonstrate their enthusiasm and passion for ensuring people had access to a range of varied activities and hobbies tailored to individual needs and choices such as outings and trips designed in conjunction with people's wishes. For example, from 1:1 discussion, it had been identified one person used to go ballroom dancing but had lost the interest to do so since the passing of their spouse. Overtime, the person was reintroduced to their hobby and had begun attending a regular tea dance with staff. Gradually, staff withdrew their support at the event to enable the person to rebuild friendships and relationships with other attendees which they told us they really enjoyed.
- People living at The Croft were part of an intergenerational project with a local school. People had developed new friendships and bonds with the children which were valued and respected. People had been invited to attend events at the school such as the book fayre where people read stories to the children. People attended the sports day and participated in events on the day.
- The relationships continued to develop with the introduction of the 'postcards of kindness' scheme. People shared their life histories, likes and dislikes with the children and we heard of examples where children had visited the service bringing gifts of cakes and chocolates for people as a result of reading their postcards and acknowledging what was important to people.
- Staff placed a big emphasis on the importance of people maintaining and developing relationships with their relatives as required. People told us visitors were welcomed at any time of day or night and relatives confirmed they were welcomed into the home as if it were their own. One relative told us how staff went the extra mile to accommodate their request to celebrate a special event with their loved one and said, "We shared such a lovely time together."

### 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 provider understood the importance of ensuring both they and staff were aware of the AIS and how this impacted on people's ability to effectively communicate.
- Various methods were used to enhance people's communication. For example, people were using the internet and its functions to communicate, and one person had used a white board for written communication.
- The provider told us they were looking at providing the company statement of purpose in braille to enable a person with a visual loss to have access to the information.

### End of life care and support

- The provider and registered manager were passionate about ensuring people received exceptional care and support at the end of their lives and had continued to develop their practices to ensure this ethos was driven by staff ensuring people and their relatives felt listened to and valued.
- People were consulted about specific wishes and preferences and these were documented in a detailed end of life care plan. This care plan guided staff to ensure people experienced a comfortable and dignified death.
- The provider had invested in specialist training to support staff to care for people in a person centred and dignified way. The SWAN initiative acts as an enabler for quality and promoted dignity in dying affording people respect and compassion at the end of their life. Relatives were given memory packs in which belongings of loved ones were kept. The registered manager said, "It is important we personalised this in line with people's wishes so, for example, a male resident had their wedding ring placed in a pocket of their own tie to give to a family member and we have given candles to relatives to light in memory of their loved one."
- The provider had also registered to become Gold Standards Framework (GSF) accredited and had nominated the registered manager to attend the training. The GSF is a model of care that provides training and knowledge to enable the provision of 'gold' standard care for people nearing the end of life. The provider told us, "I have chosen [name of registered manager] because of their ability to lead change to which we are committed."

### Improving care quality in response to complaints or concerns

- The service had not received any formal complaints since the last inspection. There was a policy in place to deal with and address complaints and people told us they knew how to and would feel happy in making complaints as they deemed necessary.

## 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 Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager spoke with passion and dedication about ensuring people at The Croft received high-quality care. They were committed to building on and developing practices to improve care for people and led by example. They said, "We want to effect change and deliver great care. We are continually evolving, and this is fed down to the staff group so they can help lead improvements; they are a committed group of care staff and they need to see I have oversight of the service so we can all work together." The provider said, "The registered manager is so meticulous in all they do and works hard to sustain the rating of the care home for which we are all very proud." This approach from the registered manager had developed an effective and stable staff team who felt confident and committed to delivering compassionate and quality care.
- People, their relatives and staff all spoke highly of the registered manager and feedback we received was unanimous in stating the registered manager put people at the heart of everything they did and gave staff consistent support. Comments we received included, "[Name of registered manager] is just lovely and I know I could go to them with anything", "I see a lot of [name of registered manager], they are always around", "Simply fantastic" and "They are just lovely; I would be able to approach them with anything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 governance frameworks continued to be embedded in the culture of the service and was a platform for accountability and learning lessons to improve practices and the quality of care people received.
- The provider had employed a quality assurance advisor who had previous experience of working with the Care Quality Commission. The provider said, "We employed [name of quality advisor] as they could offer a different perspective for us as they have the knowledge and experience to help us build on our practices and continually improve." The quality advisor told us, "I can offer a different approach and I have been able to develop the quality assurance processes." These performance management processes were put into place and evaluated through mock inspections and through the development and reviewing of action plans.
- Staff were aware of their roles and responsibilities and spoke proudly about the care they provided for people. One staff member said, "We do everything so well because we have support from [name of provider and registered manager] which means we give people what they want and what they really need."
- The provider was extremely proud of their outstanding rating and this was displayed around the home in a large frame for people and visitors to see.

- The registered manager understood their obligations under duty of candour and saw this as a key responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager continued to consult and engage with people, their relatives, staff and other professionals to ensure outcomes for people were assessed, reviewed and changed as necessary. People had the opportunity to discuss their own care needs and we observed how this interaction with one person and with an external service had meant they were able to continue participating in a hobby they enjoyed.
- The provider drew on experiences from their other services to look at developing different and innovative ways of engaging people living at The Croft. The provider had contacted the Birmingham lesbian, gay, bisexual and transgender (LGBT) ageing better hub to assess the possibility of people at The Croft attending various events held by Birmingham LGBT hub to increase social inclusion and to give people the opportunity to make new friends and build relationships.
- Relatives continued to be invited to meetings to feedback their thoughts and views about the service and times of the meeting had been changed to meet requests to allow everyone equal access to the forums. The people living at The Croft had consented to be part of a social media group to allow them to have greater opportunity to communicate with their loved ones. The providers website also contained an advisory blog on care related topics to advise and support its readers.
- The Croft Times was a new publication which documented the events taken place at The Croft and was readily available for people and their relatives to access.

Working in partnership with others; Continuous learning and improving care

- The service held a reputation for being an excellent care provider and this innovation was celebrated and shared. The provider developed effective working relationships with key organisations such as the local authority commissioning team to discuss the outstanding elements of care at The Croft and how this could be implemented at other services and within other organisations. The provider said, "We know what good and outstanding looks like, so we use our experience to help others; we are effective in seeing the good in people and their abilities to provide good quality care."
- The provider and registered manager worked with the local GP to look at ways the service delivery could be improved. As a result, the visiting time of professionals from the surgery had changed in line with the requirements of the people living at The Croft.
- The registered manager strived to sustain and enhance excellence through their own continuous learning and development and worked in partnership with other agencies and professionals to continue to provide an outstanding service for people. The registered manager said, "We use a combination of skills to make what we do a success; we do whatever it takes to improve people's lives."