



Inspection Report on

Crick Care Home

**Crick House Nursing Home
Crick Road
Crick
Caldicot
NP26 5UW**

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Description of the service

Crick Care Home is located near Caldicot, Monmouthshire. The home is registered to provide accommodation for up to 50 people, aged over 55 years, who require nursing or personal care and may have a physical disability.

The home is operated by Gordon Avenue Investments Ltd. There is a responsible individual who is supporting the newly appointed manager who is responsible for the operational management of the home.

Summary of our findings

1. Overall assessment

Overall, the quality of the care given at Crick Care Home is of a good standard. People living in the home are generally happy and have opportunities to take part in activities they are interested in. The people we saw were well presented and appeared relaxed and content. We found that staff support people with warmth and in a person centred manner. Since the previous inspection, there has been a change in management at the home, the new manager is aware of areas where the service requires further development.

2. Improvements

All areas previously identified as not meeting compliance have been addressed and the service is now compliant.

The following were recommended areas of improvement at the previous inspection :

- The manager to further consider the Welsh 'Active Offer'. **Ongoing**
- Evidence to be shown of service user/advocate involvement on care planning and reviews. **Improvements have been made and are ongoing.**
- Care plans to include information regarding people's personal history. **Improvements have been made and are ongoing.**
- End of life wishes to be considered and included in care planning. **Improvements have been made and are ongoing.**
- Staff training matrix to be kept under review. **This has been addressed.**
- A review of how activities are logged. **This is currently being addressed.**
- Daily written logs to be more informative and include emotional wellbeing. **This is ongoing.**
- The environmental risk assessment is updated to include security of lounge door. **This is ongoing.**
- Service user guide and Statement of Purpose to be reviewed. **This has been addressed.**
- An audit of staff files is undertaken. **This has been addressed.**

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service, this includes:

- A review of how activities are logged.
- Daily written logs to be more informative and include emotional wellbeing.

1. Well-being

Summary

People have very good relationships with staff and are treated with kindness, dignity and respect. A full time activity coordinator has been employed and there are now opportunities for people to take part in a range of group activities, to be with other residents or to spend time alone as they choose. Medication is managed appropriately and people have access to medical support when necessary. Care planning documentation is in the process of being updated which will ensure care plans are less clinical and provide a more individualised plan of care.

Our findings

People are provided with opportunities to engage in suitable activities. We spoke with the newly appointed activity co-ordinator. We saw a programme of activities for September 2018 which included, story telling, memory man, afternoon tea, outside singers, pat a pet and one to one sessions. On the day of the inspection people participated in a quiz and some had the opportunity to have 1:1 support. One person had been taken shopping to buy birthday cards for their granddaughter. We were told "*we are going to do new things; I like to keep on the go*". The activity coordinator plans to review how activities are recorded and look at ways in which care staff can record meaningful interactions. We concluded that generally people can look forward to and do the things they are interested in .

People can feel safe and protected from harm and neglect. The security of the garden had been raised as a concern previously. This had been addressed; the rear garden area had been fenced and was now secure. We were asked to sign a visitor book on entry to the home, which promoted the safety of the people living there. We saw that confidential information, medication and valuables were also kept securely. Staff spoken with were clear about their responsibilities around protecting people living in the home. They were clear about the action they would take if they had any concerns about a person's well-being. Policies relating to keeping people safe including the safeguarding policy were available for staff to read. Discussions with the management confirmed their understanding of the safeguarding process and what to do when it was felt a person lacked the capacity to manage their own safety in line with Deprivation of Liberty Safeguarding (DoLS) legislation. We saw risk assessments in people's care files which were reviewed regularly to ensure that any risk to a person was minimised. A new key code system had been fitted to the front door, to improve safety measures. We saw that call bells were within peoples reach. A new call bell system had been installed and we observed that call bells were responded to in a timely manner during our visit. The manager told us that call bell response times would be audited regularly; however, this was yet to start. Overall, people are safe and as far as possible protected from harm.

People are supported by a staff team that is led and monitored by nurses. This was confirmed by the staffing rota we examined. Nurses are responsible for leading shifts each day, together with all medication management in the home. This included ordering, administering and disposal where necessary. We saw a medication policy was in place and staff were suitably trained. A daily temperature record of the medication room had been completed; this was also the case for medication that needed to be stored in the fridge. We

looked at the Medication Administration Records (MAR) charts and found that they had been completed correctly, with no gaps. However, nurses reported that at times they can be distracted whilst administering medication and found this challenging. The clinical lead had introduced a 'nurse in charge board', so that staff could clearly see who to approach in the first instance. We spoke with the clinical lead who informed us that she had developed a medication audit form and would be undertaking monthly audits in the very near future. We spoke with a visiting health professional who had no immediate concerns regarding the medication or care and support given to people. People are supported by nurses who have developed robust procedures to manage medication in the home.

People are encouraged to speak and express themselves. We saw care staff having conversations with people who live in the home. We were told that the new manager was visible and staff told us they were "*very approachable and has introduced himself to everyone*" and "*it's nice to have the office door open*". We saw that people were encouraged to have visitors; we spoke with visitors who stated they are made to feel welcome whenever they visited. We also saw that the bedrooms were personalised with people's own possessions and preferences. One person told us "*the carers are very good, I wouldn't criticise any of them*". We did however find that there were limited opportunities for people to receive their care in Welsh. We discussed this with management who agreed to consider the Welsh 'Active Offer'. We saw that resident and relative meetings were held and people told us they felt very much included. A relative told us that the carers "*are very caring and loving*" and the nurses "*are very good, they are on the ball*". Overall, people are provided with opportunities to express their views.

People receive proactive, preventative care and support. We looked at the records for five people during the inspection. It had been previously identified that care plans lacked detail regarding people's personal histories, end of life wishes and were task orientated rather than person centred. The clinical lead had developed and started to implement new care plans and risk assessments. They were person centred, detailed, reviewed regularly and showed evidence of people's/advocate involvement as well as end of life wishes. The new care files were a significant improvement; however, further work is required in order to establish people's personal histories. Records indicated that health and social care professionals were involved in people's care. Care plans guided staff in the care and support needs required. The new care records were very well organised with an effective system in place for reviewing. People living in the home told us they were very happy with the care provided, one person said "*I feel well looked after*". A relative told us that communication was very good and that management were easily accessible if needed. We were also told by relatives that there were no concerns regarding the care provided at Crick Care Home. We looked at a sample of food and fluid charts, pressure relieving records and hourly checks and all had been completed in a timely manner. However, we found that daily notes were very brief, task orientated and did not contain information regarding people's emotional wellbeing. They were being completed by nurses only. We discussed with management the need for care staff to be able to record any meaningful interactions. Overall, people living at Crick Care Home receive the right care at the right time in the right way.

2. Leadership and Management

Summary

Recently there has been a lack of consistent leadership and management. To address this a new manager has been appointed. Management follow safe, robust and timely recruitment processes and now have an effective system of staff supervision and appraisal. People benefit from a service that has improving internal quality monitoring systems.

Our findings

People can generally be confident there are sufficient staffing levels. During our visit we saw there were enough staff on duty to provide people with the support they needed when they needed it. We were assured by management that staffing levels had been increased and would be kept under continuous review. However, there was an increased dependency on the use of agency staff. People living in the home told us that although the agency staff were very nice they would much prefer to have a consistent staff team. The feedback we received from staff, both nursing and care staff was that the high level of agency use added pressures as they were not so familiar with people's needs. To address this, a recruitment drive had taken place and the service is looking to employ both nurses and care staff to ensure the continuity of care for people living at Crick Care Home. People's safety is supported by a recent increase and review of staffing levels.

People can be assured that the management is working towards ensuring staff are up to date with mandatory training to enable them to practice safely and to the best of their ability. We saw that a new e-learning programme had been introduced. We were informed that 73% of staff had completed the required modules. The business support officer had access to the system which could run a progress report, which enabled management to monitor staff progress. We recognised that management have taken action to improve the training available for staff. People's care will be enhanced by them being supported by suitably trained and skilled staff.

People now receive care and support from staff that receive regular supervision. The staff that we spoke with stated that they felt fully supported by the management but historically staff supervisions and appraisals had not taken place regularly. A non compliance notice had been issued at the previous inspection. We were shown the new supervision programme and noted that supervisions were within the required timescales. Staff told us "there have been a lot of change but I think it's going to be for the better" and "you can feel a difference in the atmosphere since the new manager has started". It can be concluded that people benefit from staff who are now fully supported in their role.

The service has some quality assurance systems in place in order to develop and improve, but further development is needed. We were shown a number of new audits due to be implemented in the very near future. These included monthly audits of care plans, audits of fluid charts and daily care charts. The clinical lead told us that medication audits were going to be undertaken monthly and would include a review of the processes for receiving, administering, recording and disposing of medicines in the care home. We saw evidence that the responsible individual had undertaken quality monitoring visits. Management informed us that a report from an annual quality of care review had not yet been produced,

but work was underway to gather feedback from all relevant stakeholders. We were informed that staff questionnaires had been sent out. This will be followed up at the next inspection. Overall, people receive good quality care from a service that is making improvements to its quality assurance systems.

3. Improvements required and recommended following this inspection

3.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none">• The registered person shall ensure that people working at the care home are appropriately supervised.	Compliance has been met
<ul style="list-style-type: none">• The registered person shall ensure that the care home is conducted so as to make proper provision for the care and where appropriate, treatment, education and supervision of service users. The registered persons need to ensure that they have taken all necessary steps to promote the ongoing safety of all people using the service.	Compliance has been met

3.2 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- The manager to further consider the Welsh 'Active Offer'.
- Care plans to include information regarding people's personal history.
- A review of how activities are logged.
- Daily written logs to be more informative and include emotional wellbeing.
- New audit process to be fully implemented.

4. How we undertook this inspection

This was a focused inspection to test previous non compliance at the home. We made an unannounced visit to the home on 11 September 2018 between 9am and 4pm.

The following methods were used:

- We looked at care files for five people.
- We spoke with five people living in the home and we observed interactions between individuals and staff.
- We looked at a six staff files to see that they contained a recent photograph.
- We had a tour of the building.
- We had a discussion with the manager, clinical lead and responsible person.
- We had discussions with six members of staff.
- We had discussions with three visiting relatives.
- We looked at a range of documents that included the statement of purpose, policies and procedures and staff training.
- We looked at a schedule of activities and menus.
- We had a discussion with a visiting health professional.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Gordon Avenue Investments Ltd
Registered Manager(s)	Gillian Cook
Registered maximum number of places	50
Date of previous Care Inspectorate Wales inspection	25 April and 1 May 2018
Dates of this Inspection visit(s)	11 September 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: This is a service that does not provide an 'Active Offer' of the Welsh Language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use, their service. We recommend that the service provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'.	