



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Crick Care Home

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

Date of Publication

Wednesday, 25 January 2017

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Description of the service

Crick Care Home is situated near Caldicot; within the county of Monmouthshire. The home is registered to provide nursing and personal care for up to 50 people (three of whom also have a physical disability). On the day of our visit we were told that 40 people were in residence.

The home is operated by Gordon Avenue Investments Ltd. (registered providers). The manager of the home is Gillian Cook, who is registered with Care and Social Services Inspectorate Wales (CSSIW) and the Care Council for Wales (CCfW). There is a nominated person to take on the position of responsible individual to represent the company, however at the time of inspection the formal process of notifying CSSIW of the nominated person (by the provider) had not taken place.

Summary of our findings

Overall assessment

We found that the people living at Crick Care Home are generally very happy with the care they receive. However, we found that care documentation and medication systems required improvement to ensure that people's individual needs are met and people remain as healthy as they can be.

Review of the home's records indicated that staff are not receiving formal supervision assuring that staff are valued and supported, given clear direction and their potential developed.

People are not always provided with sufficient stimulation in the form of activities.

The environment was clean and comfortable.

Improvements

- All information required by regulation in relation to staff recruitment was in place to safeguard residents.
- Decoration has taken place and is ongoing.

Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the care home is not meeting legal requirements. These include the following:

- Stimulation: People did not always have opportunities to participate in meaningful activity.
- Service user care plans: Written guidance for staff of how people's needs are to be met was not always in place or reflective of a person's changing needs.

- Medication: Safe systems of recording and administering medication were not in place to ensure people received their medication as prescribed.
- Service user assessment: No assessment had been undertaken for one individual presenting a risk that needs would not be identified and planned for.
- Statement of Purpose: The home's statement of purpose did not include details of the new responsible individual.
- Staff supervision: Staff were not being appropriately supervised (meeting with their line manager on a one to one basis).
- Quality assurance: The service had quality assurance systems in place; however there was no annual overall report reflecting a review of the service and the quality of care provided.

1. Well-being

Summary

People's comments about the care delivered were positive and included; *"all staff have a very caring attitude"* and *"caring, attentive and willing staff"*. We found that residents were treated with kindness and respect and benefited from having relationships with a familiar staff group. However throughout part of our visit we saw that residents in communal areas received limited stimulation and the home's activity provision required improvement.

Our findings

Staff treat people kindly and people are cared for by staff who are familiar to them, as there is an established core team, ensuring continuity of care which promotes good relationships. We were told that agency staff are used, but an attempt to use the same group of staff is made. We observed staff supporting residents and noted that some interactions were task centred however communication from staff was skilled and tactile when offering support. We saw kindness and warm relationships between staff and residents. We also saw that when people required support to move (such as hoisting); staff ensured that privacy was protected by using a screen. This reinforces a residents feeling of being recognised and valued by others and also indicates that people have a sense of belonging, which enhances their overall well-being.

People are provided with opportunities to influence their care and day-to-day life in the home. We saw residents were provided with choices about their lives, including making decisions about when they got up, what they ate and daily routines. Breakfast and lunch were served in the communal dining room or in bedrooms if preferred and timing of breakfast was seen to be flexible offering residents the opportunity to have a 'lie in' if they wished. Our discussions with residents also confirmed that choice was given regarding the latter. The review of five resident questionnaires also indicated that they felt that choice was given regarding daily routines and bathing options. Therefore we considered that residents are involved in making decisions that affect their lives and their rights are respected.

People are not provided with sufficient opportunities to participate in social and recreational activities. There was one activity coordinator employed to work two afternoons weekly. The coordinator told us that because of the organised Christmas activities she was working full time over the Christmas period, she acknowledged there was a deficit of opportunities available. Details of organised activities were usually detailed on a white board in the lounge, although a printed programme was available for the Christmas period. One resident told us that they would always like to have written information, as they did not generally go in the lounge and were therefore unaware of what was planned. We reviewed the activities which had taken place for the previous month. We saw a limited range of activities available. For example 'nails' on one day and 'physio' on another. We saw no evidence to indicate that people with cognitive impairment or residents who remained in their rooms were encouraged or provided with opportunities for stimulation.

Comments from residents about activities included: *"They are haphazard and not a lot happening"* and *"would like to see more varied activities"*. Relative comments included: *"Would like to see more interaction i.e. general chat between staff and residents rather than just chatting amongst themselves"* and *"activity coordinator could do with allocated help"*

from care staff, she struggles on her own". During the morning of the inspection, there was a visiting school choir which the residents in the lounge area clearly enjoyed and we saw them chatting and laughing with the children. Once the choir had left people were observed sitting for extended periods of time with limited stimulation. We noted that staff were supervising communal areas at all times, although communication for the most part was limited to when a task was undertaken e.g. being supported to access the bathroom. Lack of emotional stimulation can lead to people becoming bored and withdrawn. We concluded that people would benefit from an enhanced social activities programme; with more one-to-one interactions with staff. The registered manager told us that she is striving to improve this area of care delivery and they are in the process of recruiting an activity coordinator.

2. Care and Support

Summary

Care documentation that we viewed did not always have the necessary information (giving clear guidance to staff) to ensure care delivery was consistent and meeting people's individual needs. Medication charts that we saw did not reflect that safe systems of administering medication were in place to ensure people remain healthy.

Our findings

Staff are not always provided with adequate or up to date guidance of how to support people living at the home presenting a risk that needs will not be met. We reviewed a sample of care documentation for four people living at the home. These documents should identify people's needs and provide staff with the information and guidance they require to meet those needs. We saw that important information was not always included and although regular reviews had taken place, appropriate evaluation and analysis had not always taken place which meant that specific care plans did not reflect the current status of an individual or how their needs were to be met.

A review of two questionnaires completed by health professionals identified concerns regarding their specialist advice being implemented as care plans were not always revised to include the new information. We concluded that in the absence of accurate, up to date, information for staff there is a potential risk that residents' needs and preferences will not always be consistently understood and anticipated and this may present a risk to their health and well-being.

People are not as safe and as well as they can be because proactive and preventative care is not always in place. Over recent months there had been a number of medication errors. We did not complete a full medication audit on this occasion, as a pharmacy governance visit by the Aneurin Bevan University Health Board (ABHB) had recently been undertaken (November 2016) and recommendations had been made. We reviewed a sample of medication administration records (MAR's) and the registered manager's recent medication audits and concluded that improvements had not taken place. Therefore people are not always supported to be as healthy as they can be. Further information regarding this can be found in the non-compliance notice attached to this report.

People are able to enjoy a healthy and nutritious diet, however, we noted a lack of close monitoring by staff to ensure that support is always available to residents if required. Mealtimes are appropriately spaced and flexible to meet people's needs. We observed breakfast and lunch being served and saw that residents were supported to make meal choices in accordance with their preferences and specific dietary needs. Residents we spoke with were very complimentary regarding the quality of meals provided and the choice available. We saw that the chef meets with residents prior to the lunch time meal giving information about the choices on offer that day. A pictorial menu was also available. Comments regarding the food included: "*the food is excellent*" and "*food is very good and there is always choice*". We saw people arriving for breakfast at different times throughout the morning and there appeared to be no delay in people being supported to leave the table after they had finished their meal. Discussions with three staff indicated that they felt that at lunch times there were times when there was inadequate staff to support residents

(because of staff breaks) and this meant that some people's intake of food was compromised. A senior staff member commented that "*staff had to have their breaks*".

Our observations of the lunch time meal indicated that there generally appeared to be sufficient staff to meet individual needs and we saw positive interactions where staff assisted people with eating at a comfortable pace. However there was a lack of overview (management of staff) during the meal. We saw one person who could not reach their meal because of the position of their chair and it was not noticed by staff in the room. When this was brought to the attention of staff, we were told that the individual had been sat at the wrong table. Based on the above we concluded that mealtimes are mostly a positive experience; however care should be taken to ensure there is sufficient monitoring to ensure people's nutritional needs are always being recognised and met.

3. Environment

Summary

Residents benefit from an environment which is homely. We carried out a visual inspection of the home. We saw that the premises were safe and people protected against intruders. The front door was locked and people had to ring the bell to gain entry. The communal areas were homely, bright, airy and clean.

Our findings

Residents benefit from an environment which is homely. Within the home, furnishings and lighting were noted to be domestic in nature and good quality. The home was clean and no unpleasant odours were noted. We noted that all bedrooms were personalised and well decorated, with en-suite shower rooms. A resident told us "*I love my room*". Bedrooms contained personal items of people's own choosing such as family photographs, ornaments, small items of furniture and memorabilia.

There was a pleasant garden area which people could access from the communal lounge. A patio area had been developed along with a lawn and raised flower beds.

Residents are cared for in a safe environment, which upholds confidentiality. Personal information relating to people was stored securely, as care files were kept in a lockable facility and IT systems were password protected.

People are cared for in a safe environment where consideration is given to the need to maintain the building to a good standard. We reviewed a selection of safety certificates relating to the health and safety of the building. This included gas, electric and portable appliance testing. We saw that safety certificates were regularly monitored. We saw a maintenance book in place in the communal hallway which was available for staff, service users and visitors to enter any concerns regarding maintenance issues. Records showed that all faults reported were addressed in a timely manner. People therefore benefit because they are cared for in safe and secure surroundings.

4. Leadership and Management

Summary

People living at the home and staff told us that the registered manager has a “*visible*” presence within the home, is approachable and is supportive of her staff. Residents we spoke with told us that a good reliable service is being provided and they were very happy with the quality of care and service provided. Our review of the home’s records indicated that quality assurance systems with reference to clinical audit and staff supervision require development to ensure consistency of care and ensure people’s health needs are always identified, planned for and met.

Our findings

People’s views will be taken into account by the leadership and management of the home. We saw systems in place where the quality of the service was being measured and audited although these required development. We saw surveys of the views of staff, relatives/representatives and stakeholders which provided evidence of a mainly positive response. Residents we spoke with told us there were regular resident and relative meetings where they were able to participate and give their views. One relative questionnaire indicated “*staff are always open to, listening to and suggestions*”. We also had sight of the nominated responsible individual’s visit and corresponding reports. There was however no overall analysis of the audits in a quality assurance report, incorporating results of surveys and highlighting good practice and any areas of improvement required. A report regarding the outcome of the quality assurance process should be produced annually and made available to residents, relatives/representatives and all stakeholders and CSSIW on request.

Additionally, our observations (as detailed in this report) highlighted deficits in care planning documentation and safe medication systems which can compromise the health and wellbeing of residents. Staff supervision was also not taking place as required, which can impact on staff motivation and assurance that staff have the required skills, knowledge to carry out their duties and meet people’s needs. Many of these deficits were raised during the last inspection and whereas we saw no direct impact on residents there is a potential risk of people’s health and safety needs being compromised. We conclude that people cannot always be assured that they benefit from a service where staff are well led and supported.

People are cared for by staff that have been appropriately and safely recruited. We reviewed the personnel files for two members of staff. This demonstrated that pre-employment checks had been completed in line with regulation. We saw that each file contained evidence of checks conducted with the Disclosure and Barring service, which ensures people are suitable to work within a care environment along with the necessary references and verification of identity. We concluded that there is a process in place which ensures that staff have been sufficiently ‘vetted’ in a way that safeguards people.

The home does not have an effective system of staff supervision that leads to agreed targets. This was identified as an area of non-compliance during the last inspection and we were concerned that, despite receiving assurances that this would be addressed, action had not been taken. Supervision in this context refers to members of staff meeting regularly

with their line manager on a confidential one to one basis, to discuss their performance, training needs or any concerns they may have. This in turn ensures that residents receive the best possible care from a knowledgeable, motivated staff group. We considered how often staff received formal supervision. We found that sessions for the majority of care staff had not been provided for several months. Two staff we spoke with told us that, although they had not received formal supervision, they felt that the registered manager was very approachable “had an open door policy” and that if they had any concerns they would not hesitate in raising the issue. Both staff presented as very enthusiastic about their jobs, both giving valuable comments regarding how life could be improved for residents. However, we concluded that although staff appeared motivated and caring, people are not always cared for by staff who are supported by the implementation of formal processes.

The service has systems in place regarding the learning and development of staff. Two staff members told us they enjoyed their work that their training was good and they felt well equipped to undertake their role. Our review of staff questionnaires indicated positive comments which included: *“I am able to arrange time off to attend study sessions and have had full support to complete my revalidation”*. We reviewed the staff training records maintained in the home and the staff training matrix. We saw that there were gaps, however training sessions were ongoing and had been organised. Discussion was undertaken regarding new staff and the delay sometimes in receiving formal training. We saw there was evidence of a basis induction (tick box checklist), however this did not detail what training or learning had taken place demonstrating that staff had the required skills and knowledge prior to working with residents. The registered manager stated this was an area that required development and this would be addressed. Therefore we conclude that staff are well trained and have the skills to meet people’s individual needs. However development of the induction process is required for new staff.

5. Improvements required and recommended following this inspection

Areas of non-compliance from previous inspections:

No non-compliance notices were issued at the last inspection.

Areas of non-compliance identified at this inspection:

During this inspection, we identified areas where the registered person is not meeting the legal requirements and this is resulting in the risk of poor outcomes for people using the service. Therefore we have issued non-compliance notices in relation to the following:

- We found that the registered persons were not fully compliant with Regulation 12(1) (b). This is because they failed to make proper provision for the care, and where appropriate treatment, education and supervision of service users.
- We found that the registered persons were not fully compliant with Regulation 13(2). This is because the registered person had not made suitable arrangements for the recording and safe administration of medicines in the care home.
- We found that the registered person were not compliant with Regulation 18(2). This is because records showed that staff were not appropriately supervised (meeting with their line manager on a one to one basis).

Details of the actions required are set out in the non-compliance notice report attached.

Identified non-compliance where non-compliance notices were not issued.

The registered provider was advised that they were not fully compliant with Regulation 16(2) (n). This is because the programme of activities available was minimal and did not meet specific individual's needs.

A non-compliance notice was not issued on this occasion as we did not identify any significant adverse impact. Also we received assurances that this would be addressed. This will be tested at the next inspection.

Recommendations for improvement

- A report regarding the outcome of the quality assurance process should be produced annually and made available to residents, relatives/representatives and all stakeholders and CSSIW on request.
- Provide written information for service users detailing activities organised.
- Induction training for new staff should be developed to demonstrate they have the required skills prior to them working with residents.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. One inspector made an unannounced visit to the home on 13 December 2016 between 09:05 and 17:05 hours.

We used the following sources of information to formulate our report:

- Observations of daily routines and care practices at the home.
- Conversations with residents.
- Observations using the Short Observational Framework for Inspection (SOFI 2) tool. This tool enables inspectors to observe and record life from a service user's perspective; we consider how they spend their time, their activities, interactions with others and the type of support received.
- Analysis of CSSIW questionnaires feedback from relatives (6), service users (6), visiting health professionals (2) and staff (3).
- Discussion with the deputy manager and other members of staff.
- Discussion with the registered manager by telephone.
- Examination of documentation stored at the home including care files and a selection of care intervention charts.
- Observation of breakfast and lunch being served.
- Consideration of information provided in relation to staff training and staff supervision sessions (staff meeting with their line manager on a one to one basis).
- Consideration of the home's quality assurance and auditing systems.
- A review of the care planning documentation for three service users. A review of the personnel files of three members of staff, in order to consider the recruitment process in place.
- Consideration of a sample of maintenance records.
- Visual inspection of the building's interior and exterior.
- Review of the home's Statement of Purpose.
- Consideration of the ABHB visiting pharmacist report completed in November 2016.
- Review of the registered manager's audits for medication
- A review of the electronic record of responses to service user call bells.

Further information about what we do can be found on our website www.cssiw.org.uk

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 CSSIW inspection	11 August 2015
Dates of this Inspection visits	12 December 2016
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	
Additional Information:	



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Older

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

Crick Care Home

Caldicot

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Care and Support

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
<p>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.</p> <p>The registered persons need to ensure that they have taken all necessary steps to promote the ongoing safety of all people using the service.</p>	20/01/17	12(1)(b)
The registered person shall make arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines received into the care home.	13/12/16	13(2)
The registered person shall ensure that people working at the care home are appropriately supervised.	13/02/17	18(2)

The provider is not compliant with Regulation 12(1)(b) of the Care Homes (Wales) Regulations 2002.

The evidence for non-compliance in this area was based on the following findings.

- We looked at the care file of a person receiving respite care, who had been admitted to the home ten days earlier. There was no pre-admission assessment, risk assessments or care plan in place. Staff had also documented in the care documentation that no hospital discharge summary was in place. This meant there was no documentary information available to staff reflecting the person's current status, or clear direction in how needs should be met and risk minimised. We spoke to three staff regarding their knowledge of the individual's needs and conflicting information was given. We acknowledged that this person was known to the service, however people's needs may change and it had been some months since their last admission to the service. The previous inspection also identified that care plans were not in place for an individual receiving respite care.
- We reviewed the dietary and fluid monitoring charts for three people. There was no guidance for staff in relation to optimum levels of fluid intake required. Daily levels of fluid consumed had not been totalled and there was no analysis by staff of the recorded information. The records detailed low levels of fluid had been taken. For example, for one person over an eight day period their fluid intake was documented as being below 600 mls on a daily basis. For the same person, weight loss had also

occurred, however the care plan did not reflect the weight loss or actions required eg 'staff following 'food first principles'. A senior staff member told us that the individual was receiving appropriate care, however acknowledged the documentation did not evidence that 'the right care' had been planned or had taken place. There is a risk that people not receiving the appropriate level of support in relation to their nutritional needs and fluid intake is that weight loss and dehydration can go undetected.

- Two health professional identified concerns regarding specialist advice being implemented. They told us that communication channels required improvement within the home as when changes occurred, information often by-passed appropriate channels and care plans were then not revised to reflect the actions required. This meant that if staff were not on duty at the time of the visit, they were then unaware of the changes and people did not receive care as recommended.
- This report details that the registered persons had failed to ensure that safe systems were in place for medication and there was no recorded evidence to support that people received their medication as prescribed.

IMPACT

The impact for people is that they could not be assured that their health needs would be met to ensure they remained as health as they could be.

The provider is not compliant with Regulation 13(2) of the Care Homes (Wales) Regulations 2002.

The evidence for non-compliance in this area was based on the following findings:

- We reviewed a sample of records for December 2016 and identified there were several gaps (12) in medication administration records (MAR's).
- A review of three medication audits undertaken (monthly) by the registered manager from September - November 2016 identified 16 gaps for November (timescale not known), 16 gaps for October (timescale not known) and 16 gaps for September (timescale not known).
- The review of the ABHB pharmacy audit for November 2016 identified over a 26 day period there were 68 gaps where medication had not been signed as being administered by the nurse. This indicates that either the dose was not given, which would compromise the health and wellbeing of the service user, or the dose was given and not recorded. There is a risk in the latter instance, that another nurse may notice that the dose has not been recorded as administered, and in turn could administer the dose again leading to overdose.
- One MAR chart detailed that one person was receiving a specific medication where it was required that the pulse was taken prior to administration to assess the appropriateness of administering the medication.. There were several instances where this had not been recorded as being undertaken. undertaken. The review of the ABHB pharmacist governance report also identified instances where this had not

been recorded as for two service users. It is important to take the pulse prior to administration as if the pulse is below a certain limit it should be withheld.

- There were no photographs for six service users with the medication charts. This is important as it allows the nurse to check the identity of a service user prior to administration and ensures the right person receives the medication.
- Medication for one individual was not being given at the times prescribed by the GP. We acknowledged that some confusion was caused by the MAR chart having set times (community pharmacy document) however it is the responsibility of the nurse administering the medication to check that the prescriber's instructions are followed. A questionnaire received from a visiting specialist nurse detailed that the medication for this individual was critical and should be given 'on time, every time' but this was not always the case.

IMPACT

The impact for people using the service was that they could not be assured that the service was appropriately managing their medication, to ensure their health needs were met and they remained as healthy as they could be.

The provider is not compliant with Regulation 18(2) of the Care Homes (Wales) Regulations 2002.

The evidence for non-compliance in this area was based on the following findings:

We reviewed the staff supervision matrix in the service and saw that the majority of care staff had not had staff supervision for several months. This was acknowledged by the registered manager.

Further this had been identified as an area of non-compliance in the previous inspection and reassurances had been given by the registered manager that this would be actioned however this was seen to be not the case.

IMPACT

The impact for people using the service was that they could not be assured that staff are valued and supported, given clear direction and their potential developed. This can lead to staff being demotivated and not having the required skills to meet residents' needs.