

SA & JO Care Limited

Crouched Friars Residential Home

Inspection report

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Colchester
Essex
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21 January 2019

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Crouched Friars Residential Home provides accommodation and personal care for up to 56 older people. Some people also have dementia related needs. The layout of the premises is by means of three interconnected buildings; Crouched Friars [main house], Friars Wing and Colne Lodge [for people living with dementia]. There were 39 people living at the service on the day of our inspection.

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

Rating at last inspection: Inadequate (Published 23 August 2018). The service was placed in special measures.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

We previously inspected Crouched Friars in July 2018 where the service was rated 'Inadequate' and placed in special measures. This was because we found that since our inspection in October 2017, where the service was rated 'Requires Improvement' there had been a deterioration in the quality of care and people who used the service were at risk of harm. We identified a number of breaches in the regulatory requirements and we took immediate action to protect people. We placed conditions on the provider's registration to restrict any further admissions to the service and required them to take immediate action to mitigate the risk to people's safety and welfare.

The provider told us that they had taken action to address the shortfalls we found and made an application to remove the conditions. This application is currently in process.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

People's experience of using this service:

The service had improved, and most parts of the service were safe. The provider and registered manager had a better understanding of their responsibilities for the environment and maintaining health and safety. Repairs had been undertaken and the service was clean.

The registered manager was working with other agencies to improve quality and while significant progress has been made, further work is still needed to imbed the changes and develop the service in line with best practice.

Greater oversight is needed in the management of risks to individuals. There were risks in how staff supported people with moving and handling and the management of catheters.

Medicine management followed professional guidance and significant improvements had been made. Since the last inspection systems had been strengthened to ensure that people received their medicines as prescribed.

People were supported by a consistent team of staff. People told us that staff were available when they needed them. Recruitment of staff was more robust although we have made a recommendation to strengthen the arrangements further.

People told us they were satisfied with the quality and variety of food they were provided with. Meals were nicely presented and looked appetizing.

People told us staff treated them with kindness, dignity and were respectful of their choices.

Care plans were in place but not always up to date and we have made a recommendation about this.

There were a range of activities on offer which people enjoyed and promoted their wellbeing. People were supported to maintain their independence. We have recommended further work be carried out to create a more dementia friendly environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that they were able to raise issues, but the records of complaints did not always evidence that they had been investigated and responded to.

The registered manager had started to complete audits to support quality improvement. However, these had not identified all the areas where improvements were needed. This was in respect of the environment, infection control and risk management. We have made a recommendation about strengthening the auditing process.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around risk management. Details of action we have asked the provider to take can be found at the end of this report.

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 any concerning information is received, 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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Crouched Friars 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

This inspection took place on the 18 and 21 January 2019 and was unannounced.

Inspection team:

The membership of the inspection team consisted of two Inspectors and an Inspection Manager on the first day. On the second day the team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in older people and dementia care.

What we did:

Prior to our inspection we reviewed notifications we received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements

they plan to make. We used this information to assist us with the planning of the inspection

We spoke with eight people who used the service. Not everyone using the service was able to verbally express their views. We spent time observing care within communal areas and as a number of people who lived in the service were living with dementia we used the Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five relatives, the registered manager and nine staff.

We reviewed the care records of nine people. We also looked at records relating to the overall quality and safety management of the service, maintenance logs, complaints, three staff recruitment files, staff training records, meeting minutes and medicines management.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection in July 2018 risks to people were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found that environmental risks were better managed, but there were continued shortfalls in how the service managed risks to individual's wellbeing.
- Some risk assessment tools were in place, but they were not being used effectively. The tools provided contradictory information on the level of risk. One person was identified as being at both high and low risk of acquiring pressure damage. There was no clear management plan to provide effective guidance to staff on how the risks should be mitigated.
- One person had a catheter in situ but there was no clear guidance in place to show staff how the drainage bags should be managed. Staff could not clearly tell us how this was managed and there was no documentation in place to show when this was undertaken. This meant that people were at increased risk of infection.
- Moving and handling was not always undertaken in a safe way. One person was calling out in pain as they were being moved with a stand aid. We looked at their care records and found that staff were not following the moving and handling assessment which recommended that staff use a hoist and a full sling.
- Prior to and following the inspection we received whistleblowing concerns from staff and they told us that some staff did not always move people in a safe way. We spoke to the registered manager about our concerns and they told us that they were planning to organise for a member of staff to become a moving and handling trainer.
- Issues with moving and handling have been identified at the last two inspections. The failure to protect people from unsafe care was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
- Most areas of the environment were safe. Since the last inspection the provider had undertaken repairs and sourced advice from specialist contractors on areas such as legionella and fire safety. However, we did identify some safety concerns which had not been addressed since our last visit. The external door leading to the garden did not have an alarm which meant that people could leave the building unnoticed. A number of water pipes did not have covers and we found two radiators which did not have protection to reduce the risk of burns. The registered manager confirmed on the second day of the inspection that they had addressed the issues that we had identified with the radiators and were seeking advice on the door alarm.

Preventing and controlling infection

- We found at the last inspection in July 2018 that the service was not well maintained or clean. This was a

breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection improvements had been made. Repairs had been undertaken and the service looked clean and smelt fresh. There were cleaning schedules in place to demonstrate which areas were cleaned when. A family member told us, "It was a bit shabby, they have been doing lots of refurbishment, looks a lot better, smells a lot better now."
- Staff had access to personal protective equipment to reduce the risk of cross infection and we observed them appropriately putting the equipment into use.
- The registered manager did not conduct a specific infection control audit but showed us evidence that they regularly walked around the building checking equipment and cleanliness.

We recommend that the registered manager seeks advice from a reputable source on infection control audits.

Systems and processes

- We found at the last inspection in July 2018, that the safeguarding processes were not working effectively. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found that some improvements had been made. The registered manager demonstrated knowledge of safeguarding procedures as they had made appropriate referrals to the local authority where concerns had been raised. Some but not all staff were aware of what was a safeguarding concern and the steps that they should take to keep people safe.
- People told us that they felt safe. One person told us, "Yes I feel safe, I have got a buzzer, staff come quickly enough, staff very obliging, I am catered for."

Staffing levels

- We found at the last inspection in July 2018 that staff recruitment was not robust as we could not see that a Disclosure and Barring Check (DBS) had been obtained before staff started to work at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found that improvements had been made and, in the staff, records we looked at we saw that DBS and references had been obtained before staff commenced employment. Standardised questions for prospective applicants were in place but records of interview were not maintained, although the decision was recorded.

We recommend that the registered manager maintains a record of interviews with prospective candidates to evidence the decision-making process.

- People told us that there were sufficient numbers of staff available to support them. One person told us, "Whenever I ring the bell day or night they come within 3-4 minutes, they are very good." The registered manager had a dependency tool which they used to calculate the numbers of staff they needed. We observed that staff were available and responded to requests for assistance promptly. There were busy periods and we saw that the deputy manager and administrator worked alongside staff to support.

Using medicines safely

- We found at the last inspection in July 2018, that medicines were not managed safely. At this inspection,

we found that the service had sought external guidance and the management of medicines had improved, which protected people from the risks associated with the unsafe management of medicines.

- People told us that they received their medicines as prescribed. One person told us, "I receive my tablets 3 times a day, they have never forgotten to give them.... For pain I just ask, and they give paracetamol, it is never a problem."
- Medication administration charts had been completed correctly and the amounts of medicines we looked at tallied with the records. Medicines which need to be given at specific times were clearly identified. Handwritten entries were checked to ensure that they were correct by a second member of staff. Regular stock checks were undertaken to check that people were receiving their medicines as prescribed.
- Protocols were in place to guide staff on administering as required medicines. Staff administering medicines made sure that people had a drink and gave them the time they needed to take their medicines.
- Staff received training on administering medicines and their competency to do so was checked.
- Medicines were safely stored, and the temperature of the storage area was monitored. There were clear arrangements in place to return unused medicines to the pharmacy.

Learning lessons when things go wrong

- We found at the last inspection in July 2018, that safety concerns were not identified or addressed promptly. At this inspection we found that improvements had been made and the registered manager was obtaining external guidance and support to assist the service move forward.
- The registered manager was collating data on accidents and falls and was working with external safety consultants and with the local authority quality team and Prosper. Prosper is a local multiagency project which aims to improve safety in care homes and reduce falls and pressure ulcers.
- The feedback that we received from the Prosper team was very positive about the willingness of the service to engage in the process.
- Regular meetings were held with people who used the service to discuss the ongoing changes in the service and to hear their views.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager had started to implement national guidance and were working with the Prosper team on developing systems and processes. People's care plans contained information about pressure ulcers and dementia. However further work was needed to translate the theory into personalised information about individuals and how staff should support them.
- The use of technology to enable people to communicate their needs was at a very early stage of development. Technology was not used to help people who were at risk of falls, who were unable to use a call bell to summon assistance. The registered manager told us that they were speaking with their service provider about this and it was an area that they intended to explore further

Staff skills, knowledge and experience

- At the last comprehensive inspection in October 2017 we made a recommendation about training. At this inspection we found some improvements had been made but further work was needed to imbed what staff had learnt and ensure that care was safe.
- The registered manager had developed a training matrix which showed which staff had completed what training and when. Staff had completed training in areas such as infection control, health and safety and dementia. The registered manager told us that new staff completed an induction which consisted of face to face training and shadowing experienced colleagues.
- Staff confirmed that they received training, although some staff spoke less favourably about the quality of the training than others. We observed inconsistent practice in moving and handling. Staff were not always able to tell us what they had learnt and how they would respond to a safeguarding concern.

Supporting people to eat and drink enough with choice in a balanced diet

- We found at the last comprehensive inspection in October 2017 that people did not receive the support that they needed at mealtimes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found that some improvements had been made but further work was needed to ensure that those at risk of inadequate food intake were supported effectively.
- People told us that they enjoyed the food and the meals served looked nutritious and appetising. One person told us, "Yesterday's Roast beef and Yorkshires were the best, double the size so homemade."
- Staff were available at lunch time to support people and provided encouragement. However, we observed that some people did not eat well, and their meal was taken away at the end of lunch. We later looked at an individual's records and saw that staff recorded that they had eaten "fair" amount. This did not correspond with our observations.
- Peoples weights were recorded monthly but the response to weight loss was not always sufficiently

proactive. One person had been losing weight for several months, but a food and fluid chart had not been put into place and there was no additional monitoring. Staff told us that they had spoken to the GP and it had been decided not to refer the person to the dietician. This information was not recorded. A food and fluid chart was put into place on the second day of our inspection.

- People had access to fluids to maintain their health. Drinks were offered at regular intervals throughout the day and jugs of juice were accessible for those who were able to help themselves independently. One person told us, that they received, "All the drink you need, they tell me often I don't drink enough and often bring you a second drink, they always fill the jug and change it in the morning."

Staff providing consistent, effective, timely care

- People told us that their health care needs were met, and we saw that staff worked with external professionals to promote people's wellbeing. One relative told us, how their loved one had gone to hospital but had not made good progress there, so, "The manager said the sooner that my relative comes back the better and it was. The physiotherapist has been in and said they are doing brilliantly, which is down to the exercises from the staff."

- People had regular access to chiropodists and opticians.

- Further work was needed to ensure people's oral health care needs were being met. Care plans did not evidence planning to enable people to have regular access for dental check-ups. Access to a dentist was reactive to pain and problems people experienced with their teeth or denture, rather than preventative. It was not always evident in care plans if people had their own teeth or dentures, although we did note that people had toothbrushes and toothpaste in their rooms.

- Relatives told us that the staff communicated well with them about people's health needs and any changes. One relative told us, "If [my relative] has a chest infection or fall they always get in touch, doctor is always called in early on, ... they always look well cared for, always in clean clothing."

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

- Since the last inspection significant work had been undertaken to upgrade the premises and redecorate. The premises were cleaner and the broken equipment and clutter present at the last inspection had been removed. Bedroom doors had numbers but some of these were missing. People's ability to orientate themselves around the building and access areas such as the toilet and bathroom were impacted by a lack of signage. Further efforts should be undertaken to make the service more helpful to people with dementia.

We recommend that the provider seeks advice from a reputable source on promoting people's independence and creating a dementia friendly environment.

- Some people's bedrooms had been personalised to varying degrees and contained items of importance to the individual.

- The lift was out of order and was awaiting repair. People told us that it had been out of order for some time and some people had moved to alternative bedrooms until the repair was undertaken.

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

The MCA provides a legal framework for making 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 the 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. The application procedures for this in care homes are called the Deprivation of

Liberty Safeguards (DoLS).

- The registered manager was aware of their responsibilities and had made appropriate applications to the local authority. Care plans contained an assessment of people's capacity to make specific decisions and we saw that best interests were documented, and consideration given to the least restrictive option.
- Staff were observed asking people offering people choices and seeking their permission before commencing support.
- Staff told us they had recently completed training on the MCA and DoLS and were able to tell us about the training and how they sought peoples consent prior to commencing support.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that they were supported by kind and helpful staff. One person told us, "Staff are delightful and make a great fuss of me, they are caring in so far as I need care."
- Staff were attentive. One member of staff noticed a person was not drinking their hot drink, so they spoke to the person about this and made them another one which was hotter.
- People had good relationships with staff. Most of the people we spoke with knew who the registered manager was by name and told us that they were supported by a consistent team of staff. One person told us, "I can speak to [name of member of staff], they do my shopping. The other day the sun was out, and the member of staff said, I will take you across to Tesco, it was beautiful, they are good to me, a lovely person. They sit on the bed and chat to me which makes me laugh."

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

- People were consulted and asked for their opinions. There were regular resident's meetings and the minutes showed that people's suggestions were taken forward. At the meeting prior to our visit, the menu and activities were discussed, and actions agreed. Surveys were also undertaken at regular intervals to ascertain people's views. 'You said we did' was on display in the entrance to the service setting out the actions taken following suggestions. "You asked for more varied activities, so we employed an activities coordinator".
- People told us that they were actively supported and involved in decisions about their care. One person told us, "I have absolutely got choice in what I do, staff all listen to you and chat." A relative told us, "Staff are very kind, the deputy is very hands on, they are top of everything and always answer my questions, nothing is too much trouble."

Respecting and promoting people's privacy, dignity and independence

- People were well groomed and appropriately dressed. People were observed to be wearing their glasses which were clean and their hearing aids.
- People told us that their independence was promoted. One person told us, "I can lock my door. I get up 7.15 am and go to bed roughly at 7pm, I please myself."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were not always met.

Personalised care

- Care plans were not always sufficiently detailed or up to date. One of the people whose care we looked at was at risk of acquiring a pressure ulcer. They were asleep in the chair during both days of the inspection. They did not look comfortable and their legs which were swollen were not elevated. Staff told us that this person did not sleep in their bed at night. This person's care plan did not reflect their needs and provide guidance to staff about how to support this person appropriately. Another person was registered blind, but there was no evidence of how the accessible information standards had been applied and used to guide staff. This is a legal requirement for registered providers to ensure that people with a disability or sensory loss can access and understand the information they are given.
- Staff were not consistently following the guidance in the care plans. Several care plans stated that people's bowel and urinary output was monitored. Information about people's output was not routinely recorded and we could not see how this was monitored by staff.

We recommend that care plans are reviewed and updated to reflect people's needs and provide clear guidance to staff on how to support people.

- Activities had improved significantly but the activities for people with a diagnosis of dementia could be extended further as in some parts of the service we found people spent long periods of time asleep. The activity coordinator told us that they had a range of items such as large puzzles which were suitable for people with dementia although we did not see these in use on the day of the inspection.
- We observed both the activity coordinator and care staff chatting with people and playing games such as scrabble. We also observed a very engaging musical activity provided by an external entertainer. People participated well and some individuals who had previously spent long periods asleep came to life and really enjoyed the music, singing along in full voice.
- A relative told us, "They had a Christmas party, and musical movement on a regular basis. There was a garden party which was lovely, all outside and even now my relative looks at the photos in the album, staff leave it about and they love looking at the photos of that."

Improving care quality in response to complaints or concerns

- None of the people we spoke with had raised any concerns but expressed confidence that any issues would be dealt with appropriately.
- We looked at the records of complaints and saw where people had raised concerns about the care within the service these had been responded to. However, we saw that some people had raised concerns about billing errors and there were no records to show how these concerns had been responded to. The registered

manager told us that these had been passed to the provider to address.

End of life care and support

- Care plans recorded peoples wishes about where they wished to spend the end of their life and any specific requests. The registered manager told us that they worked alongside other agencies such as the hospice and the district nursing team to ensure that people had a comfortable and pain free death.
- Where people had authorised 'do not attempt cardio pulmonary resuscitation' (DNACPR) orders, these were accessible. A relative told us, "We have talked about DNR, they made it easy for us, it was handled very sensitively, and we were given good advice".

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent.

Leadership and management; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We found at the last inspection in July 2018 that governance and oversight were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had been made but further work was needed to develop and embed the changes that have been made
- The registered manager had worked with the local authority and the Prosper team on developing systems to monitor and improve the safety of the service.
- Regular audits were now completed on medicines to ensure that any shortfalls were promptly identified. However, some of the new systems were not well developed and this meant that they had not identified some of the issues that we had found at the inspection. A robust audit was not being undertaken on care plans, so the gaps in people's records were not identified. The registered manager was undertaking regular checks of the environment, but these were not specific and had not identified the issues we identified around a missing call bell, uncovered pipes and missing radiator covers.

We recommend that the provider seeks advice from a reputable source on developing audits to measure quality and identify shortfalls.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The provider had taken immediate action following the last inspection to address the shortfalls that we had found. They had sought and acted on professional advice.
- The environment was cleaner, and health and safety was better managed. The fire officer had completed an inspection of the service and found that the concerns that they had previously identified had been addressed.
- The registered manager was aware of their responsibility to make statutory notifications to the CQC and their responsibilities under the duty of candour. They had made notifications when accidents had occurred but had omitted to make a notification for the broken lift. The registered manager did so once we brought this to their attention.
- The provider visited the service on a regular basis as part of their monitoring and oversight arrangements and completed a report.

Engaging and involving people using the service, the public and staff

- On the day of our inspection the registered manager was visible throughout the service and provided assistance to people. Many of the people living in the service knew them by name and told us that they were approachable and helpful. One relative told us, "The manager and her team are amazing, very helpful."
- Most staff told us that the registered manager was supportive, and they were able to raise issues directly with them. One said, "It is homely, I like it here and love my job, people are settled, we have got enough staff always. 99% of the time we have good staff morale. The manager is very good, supportive and approachable."
- There were systems in place to involve people in their care and in the development of the service. These systems included review meetings, surveys and resident's meetings.
- There was a notice board in reception which provided information to people about the service and forthcoming activities.

Continuous learning and improving care; Working in partnership with others

- The registered manager was working with the local authority prosper team and the pharmacy team on improving the quality of care at the service.
- We saw that they were collecting data on areas such as urinary tract infections and falls and providing this information to the prosper team. This showed that they wanted to improve the care and work with other agencies in a meaningful way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not adequately protected from risks