

Crecy Care Home Limited

Crecy Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Crecy Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Crecy Care home was registered for 40 people. There were 35 people living in the home at the time of our inspection. People had a variety of care and support needs related to their physical and mental health.

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

People were supported by staff who knew them well and were committed to ensuring they had good lives. People received support that was relaxed and familiar and we observed care and respect between staff and people living in the home. Staff often went out of their way to make people's lives happier.

There were enough staff and they were deployed to meet people's needs.

People were supported by staff who understood the risks they faced and how best to reduce these risks whilst encouraging independence. Staff were confident that any concerns they had about a person's welfare would be acted on and they knew how to contact safeguarding agencies if this was appropriate.

People received their medicines as prescribed for them, and in a safe way.

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.

People lived in a home that was kept clean and infection prevention and control measures were in place to reduce the risks associated with Covid-19. Staff were fastidious about hand hygiene.

Staff felt supported and understood their roles. The systems in place to monitor the quality and safety of the service were robust and the registered manager was responsive to people's requests made during our visits.

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

Rating at last inspection and update

At the last rating for the service was good (published February 2018).

Why we inspected

We received concerns in relation to the culture of the home, how people were treated with dignity and respect, the management of risk and the management of medicines. As a result, we undertook a focused

inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, caring and well-led sections of this full 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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Crecy Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by two inspectors and included a member of the CQC medicines team.

Service and service type

Crecy Care Home is a care home. People in care homes receive accommodation and nursing or personal care as 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.

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service and from the provider since our last inspection. We gathered feedback from social care professionals and a GP who worked regularly with the service.

During the inspection

We spoke with 12 people who used the service and observed the care and support people received. We also spoke with a visiting relative. We spoke with six staff members and the registered manager. We asked the registered manager to send a CQC poster to relatives and staff inviting them to feedback directly to us. We heard from one relative.

We reviewed a range of records. This included records related to the care and support of three people. We checked 12 people's medicines records and looked at arrangements for administering, storing and managing medicines. We also reviewed records relating to the management of the service.

After the inspection visits

We received feedback from a team of specialist health care professionals who had worked closely with people who lived in the home. We continued to receive information until 9 August 2021.

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

- There was a safeguarding investigation underway during our visit. We did not review information related to this specific event.
- Relatives were confident that their loved ones were safe. One relative told us, "I am confident they are in safe hands."
- Many people living in the home did not use speech to communicate. They appeared relaxed in the company of staff. One person told us, "I do feel safe here, which means I am starting to set some goals for the future. I can safely talk to staff if I have any worries; they have always listened."
- Staff understood how to identify and report abuse. They told us where the numbers for relevant agencies were stored and how they would alert their managers to any concerns.
- The organisation had policies and procedures in place to support good safeguarding practice.
- Staff understood how to support people in ways that reduced the likelihood they would become distressed and put themselves or others at risk of harm. They supported people to feel safe in their home and this was reflected in comments people made to us. One person said, "The staff make me feel safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood the risks people faced and sought the least restrictive means of reducing those risks. For example, one member of staff described the risks a person faced when walking. They described the measures in place to reduce those risks including ensuring the person had equipment available. They also told us how important it was for the person's wellbeing to be independent and make decisions about how they walked and whether they used their equipment.
- Risk assessments were in place and reviewed regularly by staff who knew people well. Some people had been included in reviewing their risk assessments.
- Environmental risks were reviewed, and actions were taken to ensure equipment was safe to use. An external professional had been appointed to ensure the fire risk assessment was reflective of the specific issues of the home.
- Where incidents or accidents had occurred, the staff team took opportunities to learn and improve their practice. Staff meetings and communication amongst the team ensured learning was shared.

Staffing and recruitment

- People received support when they needed it during our visits. Staff told us there were enough staff to meet people's needs. Most people told us staff were available at the times they needed them. One person told us, "They can be busy, but they do come."
- Staffing levels were kept under review and if people's needs changed this was reflected in the staffing

allocation.

- Staff told us checks had been made prior to recruitment and there was a supportive induction process in place. One recently appointed member of staff commented, "Everyone was lovely and helped me settle in really quickly - all the staff are really nice." The registered manager described how the recruitment process had been improved to ensure that all appropriate checks were made and candidates were well matched with the service.

Using medicines safely

- People were given their medicines safely and in the way prescribed for them.
- If medicines were prescribed to be given 'when required' there was clear information to guide staff on when it would be appropriate to give doses of these medicines to people.
- People were supported to look after their own medicines if they wished to, and risks were assessed to make sure this was done safely.
- Staff received training and were checked to make sure they gave medicines safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security. However, the temperatures in the medicines room were warmer than the manufacturer's recommendations for storing medicines. The manager was aware and had reported this and informed us that action would be taken if this continued. The refrigerator temperatures were stable and suitable; however the full maximum and minimum range was not being recorded. This would help to show that temperatures were always suitable, and the manager informed us that they would take action to start recording the range.
- Any medicines incidents or errors were followed up and reported, and appropriate measures were put in place to try to prevent them recurring. Medicines audits were completed to make sure any issues were picked up in a timely way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff understood people's communication needs and supported them to communicate effectively.
- One person told us they did not feel their views about their care had been sought. This was also reflected in comments made by their relative. We spoke with the registered manager about this and they assured us they would discuss this with the person. When we visited for a second time the person had discussed their goals with their social worker and staff in the home. Another person told us their views had been sought in planning their support. They told us, "It is a lovely home, you are asked what you want to do." The registered manager was considering possible ways of ensuring that the views of people and those who knew them well were clearly recorded in care plans and regular care plan reviews.
- People were encouraged to make decisions about their day to day life but not all opportunities to enable choice were taken. For example, at a mealtime people were supported effectively to choose their meals, and where they sat, but were not offered any choice of drink.
- Staff were encouraged to offer choice and to record what had been offered and people's responses. This meant there was a record of the choices people made when they did not remember themselves.
- People were encouraged to contribute to plans about the development of the home and special events. Joint planning contributed to a sense of community that people clearly appreciated.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted by staff who were committed to look for opportunities for people to develop their skills and confidence. People were encouraged to maintain skills they had, for example one person told us, "I can cook if I want – I only have to ask." They also told us, "The maintenance guys are great they sorted me some shelves out, we planned it together. It feels like staff are on equal level to us.". Another person told us they were looking forward to redeveloping their confidence with support, and another person told us they were looking forward to going out shopping.
- People were treated with dignity and respect. The staff and people chatted with each other with relaxed familiarity. The registered manager had received some feedback that a staff member had said something unprofessional when they came exasperated by a situation. Following this they sought to support all staff to feel confident to take breaks and time out so that they could maintain a professional and respectful demeanour at all times.
- Personal records were stored securely.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke highly of the registered manager and told us they felt part of a fair and open team. One member of staff told us they felt they had been "invested in" and this had given them confidence to develop their skills and knowledge. They reflected that the manager was "one of the best bosses I have ever had". Another member of staff commented: "Everyone gets along with everyone – it is one big team."
- A GP reflected that the team supported people with complex needs and stated that, in general, the team did very well.

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

- The staff team were responsive to requests made by people and formally sought people's feedback in meetings. We heard about plans being made after a meeting that covered a range of subjects such as places people would like to go and changes they would like to make to the garden.
- A relative commented on the communication they had with the team saying the staff were always: "polite and informative". One relative asked us to highlight that the family, including a relative who held power of attorney, were not always kept informed. The registered manager assured us that this would be addressed.
- Staff were positive about the responsiveness of the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and felt supported in their roles. The leadership of the home had changed at the start of the Covid-19 pandemic. Staff told us they had always had what they needed from managers and had confidence in the registered manager. One member of staff reflected on this saying, "We have been really well supported throughout."

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 registered manager understood the requirements of duty of candour, that is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The provider had a policy and guidance in place to ensure this duty was met.

Continuous learning and improving care

- There was a commitment to continued improvement evident during our visits. The registered manager acted on the findings of internal audits and reviews and they were responsive to any issues raised with us that we brought to their attention.
- The team were committed to improving care and took pride in working together to achieve this.

Working in partnership with others

- The service worked well with other organisations. They had good relationships with local services and businesses. Professionals told us they usually received information they requested, and that guidance was usually followed. The registered manager was reflective and responded to opportunities for improvement afforded by feedback from visiting professionals.