

SA & JO Care Ltd

Crouched Friars Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 8 December 2014 and was unannounced. Crouched Friars provides care and accommodation for up to 56 older people some of who may be living with dementia

Our previous inspection in May 2014 had identified concerns with the how the service reported outbreaks of infection and how people gave consent to their care and treatment. This inspection found improvements had been made.

The service has 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.

People told us they felt safe living in the service. They told us they were treated with dignity and respect. We saw

Summary of findings

staff interacting with people in a kind and caring manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

We saw that the communal areas of the service were clean. However, people's bathrooms were not clean. This exposed people to an increased risk of infection.

We found that each person had a care plan which detailed their care needs. These were reviewed regularly to ensure they were up to date. People could not always confirm to us that they had been involved with their care planning.

People were supported to have their healthcare needs met. People told us that the service facilitated their access to health care professionals such as their general practitioner, dentist and chiropodist.

People were able to access the local community for personal shopping or social clubs they had attended

before moving into the service. Until recently the service had provided activities such as bingo and board games but the activities co-ordinator had left. The registered manager told us they were recruiting a new activities co-ordinator. People told us they were able to access the garden and enjoyed using it in the summer.

The registered manager was visible in the service. Staff received appropriate supervision and training. People and staff told us that the management team were approachable and listened to any concerns.

People told us their needs were met. We saw that people had been actively involved in developing aspects of the service. They were encouraged to have their say about how the quality of the service could be improved. We saw that a system of audits, surveys and reviews were also used to good effect in monitoring performance and managing risks.

Summary of findings

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 consistently safe.

Infection control was not adequate.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Medicines were stored appropriately and dispensed in a timely manner when people required their medication.

Requires Improvement



Is the service effective?

The service was effective.

People were cared for by staff that had been appropriately trained and supported.

Staff had a working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were supported to have a healthy diet

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and respectful of their right to privacy.

People were able to express their views about their care.

Good



Is the service responsive?

The service was responsive.

Care plans were reviewed regularly and updated with people's changing needs.

The service had a complaints procedure. People's views were listened to at regularly residents meetings.

Good



Is the service well-led?

The service was well-led.

The service had a positive culture that was open and inclusive.

The registered manager understood their responsibilities and was visible in the service.

Quality assurance systems were in place.

Good



Crouched Friars Residential Home

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 8 December 2014 and was unannounced.

The inspection team was made up of two Care Quality Commission 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. Our expert had experience of supporting a person with dementia.

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 improvement they plan to make. We also checked the information that we held about the service and the service provider.

We reviewed the care records of four people who used the service and records relating to the management of the service. We spoke with 11 people who used the service and two relatives of people. We also spoke with eight members of staff including domestic and care staff.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in May 2014, we had concerns with how the service reported outbreaks of infection. We asked the provider to send us an action plan describing how they would make improvements. At this inspection we found that improvements had been made to this area. People told us that the service was cleaned regularly. One person told us, "It is clean as it can be and they hoover once a week." On the day of our inspection we saw that the communal areas were clean.

However, bathrooms were not clean with lime scale and badly corroded sink overflows and drains. We saw that there were bins for the disposal of contaminated waste such as soiled pads in the communal bathrooms. These bins did not have lids. All of the areas described could harbour infection and mean that people were exposed to increased risk of infection.

The registered manager told us that the degree of rust had been caused by the descaling products damaging the chrome finish. They told us that there was a plan for all of the bathrooms to be refurbished and showed us one bathroom that had been refurbished to a good standard. However, there was no timescale for the completion of the remainder of the bathrooms. They told us they would address the lack of lids to contaminated waste bins.

People told us they felt safe living in the service. One person told us, "I feel safe here and give it 10 out of 10." Staff were able to tell us how to safeguard people from abuse and how they would report any suspected any abuse. We saw from training records that staff had been trained in safeguarding people from abuse.

We reviewed a safeguarding alert that had been raised by the service and saw that this had been thoroughly investigated and dealt with. We saw that appropriate steps had been taken to keep the person who was the subject of the referral safe.

Risks to people from foreseeable hazards had been assessed and actions taken to minimise any risks identified. Care plans contained risk assessments and management plans for identified risks such as falling and

the use of equipment such as hoists and bed rails. These had been regularly reviewed and updated when a person's needs changed which meant they were up to date and relevant.

The service had plans in place so that people's care and support was not disrupted due to untoward events. A maintenance person was employed to carry out repairs and maintenance. We saw that they maintained a board where they recorded where they were in the building should someone need to contact them urgently. The service had contracts in place to ensure equipment such as hoists were regularly maintained and serviced. These included an emergency call out facility to call an engineer in case of breakdown. The registered manager told us that there were arrangements for staff to stay overnight at the service in the case of bad weather.

People and relatives we spoke with said there were sufficient staff available to meet people's care needs. One person told us, "Staff respond to my call bell very quickly and they are polite and attentive to my needs." Staff we spoke with also told us that there were sufficient staff available to meet people's individual needs. On the day of our inspection we observed that call bells were answered promptly and that staff had time to stop and talk with people about day to day matters as well as providing care. The registered manager told us that they used a dependency assessment tool to determine staffing levels and that this was reviewed monthly. They told us that they did not need to use agency staff as they had sufficient staff available to cover for holiday periods and sickness. This meant that people received a continuity of care from staff they were familiar with.

Medicines were managed so that people received them safely. We observed medicines being administered and saw that staff explained to people that it was time for their medicine, they ensured that the person had a drink of their choice to take the medicine with. There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medication was stored securely. Records relating to the administration of medication were appropriately completed. Staff had signed them to show that people had been given their medication at the prescribed times.

Is the service effective?

Our findings

At our last inspection in May 2014, we had concerns with how people gave consent to their care and treatment. We asked the provider to send us an action plan describing how they would make improvements. At this inspection we found that improvements had been made.

We observed staff providing care to people who appeared to lack capacity. They displayed an understanding of the principles of the Mental Capacity Act 2005 (MCA) providing people with information to make day to day decisions. We saw from records that staff had received MCA and Deprivation of Liberty Safeguards (DoLS) training. The care files we looked at contained mental capacity assessments. These supported staff to be aware of what decisions a person was able to make.

The registered manager told us that there were no DoLS in place at the moment. They were aware of the procedure to apply to the local authority to authorise a DoLS. They told us that although they did not have any DoLS in place there were people living in the service whose finances were managed by the local authority.

We saw that staff asked people for their consent before providing care and support. People told us, and records confirmed, that their consent was always obtained about decisions regarding how they lived their lives and the care and support provided. One person told us, "The staff encourage me to remain independent which is what I want."

People received care and support from staff who were appropriately trained for their role. Staff told us they received an induction when they started working at the service. One person told us that their induction had lasted for two weeks and had included specific training such as moving and handling and shadowing senior staff. They told us that at the end of their induction they felt confident to provide care unsupervised. Training records showed that staff had received training appropriate to their role. We observed staff supporting people in a skilled and competent

manner. For example when assisting a person to transfer from an armchair to a wheelchair this was carried out appropriately and discreetly with staff encouraging and reassuring the person during the procedure.

Staff told us they received regular support and supervision from senior staff. They told us they could talk to senior staff at any time and they were always available for support and advice. One person said, "You can go to the seniors and ask if you are not sure about anything."

People described the quality of the food as, "reasonable," "excellent," and "good." One person told us, "I choose to eat in my room, the food is quite good, I often have two or three choices." A relative told us that their relative had been over weight when they moved into the service and the service had worked with them to lose weight and they were, "much healthier." Another person told us how they needed a particular diet because of their condition and that staff ensured that they received this.

We observed the lunchtime meal. We saw that the atmosphere was calm and unhurried. Where people required support to eat staff were seated appropriately at eye level. Staff serving meals were aware of people's preferred portion size and preferences.

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is a recognised method to assess people's nutritional state. As part of this screening we saw that people were weighed monthly.

People told us that they were supported to maintain good health and had access to healthcare services. One person told us, "When I was unwell they got a doctor for me and I was admitted to hospital, when I came home they talked to me about my care needs." Another person told us that if they felt unwell they would tell one of the senior carers. They told us they had recently been to the dentist at the hospital and the dentist had visited the service to treat them. Monthly reviews of people's care plans recorded any changes in daily routine or mobility which meant the service was able to adjust the care and support provided appropriately.

Is the service caring?

Our findings

People told us that staff knew their needs and treated them with kindness and compassion. All of the people we spoke with were complimentary of the way staff treated them. One person told us, "The staff treat me like a human being and treat me with great respect." Another person told us, "Everyone tries to help you, you are not tied down to any set or rules."

Staff we spoke with displayed a good knowledge of individual people's needs and choices. This included their care needs and their social preferences. For example one member of care staff told us that one person went out shopping on their own whilst another regularly went out with relatives. During our observations of lunch we saw care staff addressing people by name and that they knew their preferences for example offering one person brown sauce. Once all the meals had been served care staff who were not assisting people with their meal withdrew from the room but kept discreet observations. A member of care staff told us this was so that people did not feel rushed with their meal.

Throughout our inspection we observed staff speaking with people in a polite and respectful manner giving people time to respond. We observed staff supporting a person to

transfer from an armchair to a wheelchair. They explained to the person what they were doing and what the person needed to do during the transfer. We heard staff gently encouraging the person to do as much as they could for them self. One staff member told us, "We have a good relationship with the residents and I prefer working on this side (dementia). I like the stimulation of the mental challenge, trying to find that connection with each person and they then start to talk."

People told us they had their privacy and dignity respected. One person told us, "They do not help me with anything unless I ask them, they do not interfere." Another person told us, "the staff encourage me to remain independent which is what I want." We observed staff knocking on people's doors and waiting to be invited in. Where people were unable to respond, care staff opened the door slightly and announced who they were before entering. Staff told us they enjoyed working in the service and felt that they worked well together.

People told us that they had the privacy they needed. They told us that their friends and relatives could visit at any time. The service had three communal lounges and a smaller private lounge where people could spend time with their visitors. This meant that people could speak privately with visitors if they preferred.

Is the service responsive?

Our findings

People living at the service told us that people were responsive to their changing needs. One person told us, “It is very nice and I would not change it. I have been here for 5 years. Staff are very good and anything you want done they do for you.” A recent letter to the service from a relative said, ‘Even though you only knew [person] for little more than two weeks your staff took such time and trouble to understand her [person’s] character and foibles.’

Care plans were written following an assessment of the person’s needs. They detailed the assistance people required throughout the day. They also set out what support people required with specific tasks such as bathing and nutrition. We saw that the care plans were reviewed every month and updated as people’s needs changed. Monthly reviews looked at any changes to people’s daily routine, their mobility, pain relief and any other changes affecting the person. Care staff told us that people were involved in these reviews. However, some people we spoke with could not recall being involved in any reviews and the record in the care plan was not signed by the person to evidence their involvement. We spoke with the registered manager about this and they told us that people were involved in their reviews but this had not been recorded correctly. They told us they would ensure people signed their care plans in future to demonstrate their involvement in the review.

We saw a member of care staff encouraging people, with varying degrees of mental capacity, to discuss the headlines in a national newspaper. People were

encouraged to give their opinion on the article and discuss the issue. People became involved in the discussion some were able to draw on past experience to illustrate their point. There was good eye contact, respect and laughter. This meant that people developed relationships with the people around them and kept them aware of what was going on in the wider world.

One person told us, “We have been having good activities but now we do not have any. We used to have bingo, board games, and skittles. The hairdresser still comes once a week.” On the day of our inspection we saw that a singer was visiting the service and providing entertainment in one of the lounges. People were joining in with the singing. We asked the registered manager why activities had ceased. They told us that this was because the service activities co-ordinator had recently left and that they were recruiting a replacement and care staff were supporting people with activities in the interim.

People told us they enjoyed sitting in the garden in the summer. We saw that the service had a large secure garden with a covered seating area. There were ramps and hand rails to facilitate access for people in wheelchairs or those who were unsteady on their feet.

People told us that if they had any complaints they would speak to staff. One person told us, “No complaints, I have not had any need, they are very good here and I cannot fault it and we all get on together.” We saw that the service had a formal complaints procedure which set out how a complaint would be dealt with. Records showed that there had not been any complaints in the past 12 months.

Is the service well-led?

Our findings

The registered manager told us that they were in the process of re-writing the guide to the service. They told us that people living in the service and staff had been involved in developing and writing the guide which included a section on the service philosophy of care. They told us that the guide had not yet been finalised as people living in the service and staff were discussing what it should be called. People and staff we spoke with confirmed that they had been involved in writing the guide and that it had been discussed at resident meetings, staff meetings and on a one to one level with the manager. The manager told us that discussions at residents meetings about what to put in the guide had resulted in wider input from residents about the running of the service. This demonstrated that people and staff were actively involved in developing the service.

People told us that they attended regular residents meetings. At a recent meeting people had discussed the colour of the new carpet being purchased for the communal lounge. The registered manager told us that the carpet had been the colour chosen by the consensus of the people at the meeting. We saw that the manner with which people living in the service treated each other was also discussed at the residents meetings. The registered manager told us this had been an effective way of dealing with problems which had arisen because people were living in close proximity to each other and this had caused tensions.

We saw that staff received regular one to one supervisions from senior staff. Staff told us that they found these useful as they discussed areas of good practice, areas for improvement and any training needs. One person told us that although they had regular supervision sessions they could speak to senior staff at any time they wanted, they were always available for support and advice.

Staff told us the registered manager was very supportive and easily accessible. They told us that the registered manager encouraged staff to give their views and that these were listened to and acted on where possible. One member of staff told us, "We have regular team meetings with the manager, where we discuss things such as improvements to the home, staffing, training and service user activities." They told us that ideas and suggestions discussed at team meetings were acted on.

The registered manager had a good understanding of their responsibilities including making safeguarding referrals to the local authority and notifications required by law to be made to the Care Quality Commission.

We saw that the service carried out a range of quality assurance audits that included medication, care plans and any incidents or complaints. We discussed with the manager the shortfalls we had identified in the infection control with particular reference to the bathrooms. They were aware of the problems with the fittings in the bathrooms and told us that the provider had refurbished one bathroom and there were plans in place to refurbish the remainder. However, they were unable to tell us if the provider had any timescales for these improvements.

The service carried out a yearly satisfaction survey or people living in the service and their relatives. We saw that the survey was now due. The manager showed us the draft of the survey which was to be sent out. They explained how they had involved staff drafting the survey discussions as to whether it should be multi-choice or require written answers. They told us the results would be analysed and used to make improvements.