

SA & JO Care Limited

Crouched Friars Residential Home

Inspection report

103-107 Crouch Street
Colchester
Essex
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Date of inspection visit:
19 May 2021

Date of publication:
23 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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 with dementia related needs. At the time of our inspection, there were 54 people living at the service. The layout of the premises is of three interconnected buildings; Crouched Friars, Friars Wing and Colne Lodge.

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

People told us the service needed more staff, and at times, they found themselves waiting for personal care. Everyone said they felt safe with the staff, and described the staff as being kind and caring. When a safeguarding incident had occurred, the registered manager had carried out a detailed investigation, and acted in line with the company's safeguarding policy and procedure. Risk assessments were in place relating to key areas. When a medicine administration error had occurred, the registered manager had worked within the company's policies and procedures and dealt with it appropriately. We were assured that the provider was preventing visitors from catching and spreading infections and the arrangements in place met the current government guidelines.

The registered provider did not have effective systems to minimise the likelihood of risk's posed to people. The service has a history of poor compliance and has struggled to sustain a rating of good. Surveys asking people about their experiences of care, did not identify the issues we found, in relation to, staffing and call bell answer times. Audits were in place, but the information needed to be analysed to look for themes and trends and used to improve the service. The recording of some of the care being given could have been improved, some people records lacked sufficient detail. Staff spoke positively about the new registered manager and described them as being open and approachable.

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

Rating at last inspection

The last rating for this service was requires improvement (published 10 February 2020.)

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines, staffing and safeguarding. As a result, we undertook a focused inspection to review the key questions of safe 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.

The overall rating for the service remains the same, requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

We have identified a breach in relation to regulation 17 of the Health and Social Care Act 2014, good governance, this was because systems needed to ensure that improvements to the quality of the service were made proactively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crouched Friars on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe 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 (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 carried out by two inspectors and one 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.

Service and service type

Crouched Friars is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 also reviewed information sent to us from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We also spoke with eight members of staff including the registered manager, deputy manager, senior care workers, and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection, this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People and staff said more staff were needed, and some people had to wait for assistance when they had pressed the call bell. One person said, "There is not enough staff. There is no telling how long you might wait when you press your alarm." Another person said, "There is not enough staff. There is no telling how long you might wait when you press your alarm. I have wet the bed before. One time they unplugged it to stop me ringing."
- The service had recently had a number of new admissions. The registered manager had recruited additional staff who were due to start work shortly. A staff member said, "We need more staff, but they are looking into that now. We have had a new influx of residents."
- The registered manager carried out an assessment to inform the amount of staff needed, and these staffing numbers were reflected on shift. However, because of the unique design and layout of the service it did not support staff deployment.
- The registered manager had no oversight of how quickly staff answered call bells. The call bell system could not provide any information relating to staff response times when a call bell had been pressed. We observed people having to wait for support after they had pressed their call bell. After the inspection, the registered provider confirmed they were obtaining quotes to replace the call bell system.
- Recruitment checks had been carried out on new staff which met requirements.

Systems and processes to safeguard people from the risk of abuse

- When safeguarding incidents had occurred, the registered manager carried out a detailed investigation, and acted in line with the companies safeguarding policy and procedure to keep people safe.
- Most people felt safe, and everyone described the staff as being kind and caring. Two people said they didn't always feel safe at night due to a person going into their room. The registered manager had put systems in place to reduce this risk.
- We found two accidents where people had fallen, which should have been raised as a safeguarding alert. The registered manager raised these retrospectively following guidance from the local authority.

Assessing risk, safety monitoring and management

- Since the last inspection, changes had been made to the environment. However, due to the unique character of the building, some aspects of the environment could be made safer. For example, there was a stairway connecting two buildings that people could easily access, and a number of uneven floors throughout the home. This meant that this service may not always be suitable for certain people.
- Risk assessments were in place relating to areas such as manual handling, eating and drinking, health and

safety, equipment and the environment.

- With the exception of four, staff had been provided with manual handling training and we observed staff assisted people in a safe way. The registered manager confirmed that the four staff who required training, had this book to complete the week following the inspection.
- Specialist mattresses and cushions were in place to reduce the likelihood of skin damage and people were repositioned at regular intervals.
- Health and safety checks relating to the environment were carried out. In the event of a fire, evacuation plans were in place.

Using medicines safely

- Two historic incidents relating to medicine errors had occurred. The registered manager dealt with these appropriately by completing a medicine competency assessment with the staff member and followed the provider's disciplinary process.
- With the exception of one person, people received their medicine on time and in the right way. A person said, "Medication is always on time. If I say I need some painkillers, they give it straight away."
- The registered manager carried out regular audits of people's medicines, and Medication Administration Records (MARs) were fully completed and had no gaps.
- All staff who administered medicine, had been trained and the registered manager carried out medicine competency checks on an annual basis. This ensured staff remained competent to undertake the task safely.

Learning lessons when things go wrong

- Systems were in place for staff to report safety concerns.
- Accident and incidents were logged and reviewed by a senior member of staff.
- If people were at risk of falls were referred to the frailty clinic for a medical review. Some people had experienced a fall which had been unwitnessed.

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 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 requires improvement. At this inspection, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- This service has a history of poor compliance and has struggled to sustain a rating of good.
- The systems and processes to ensure the safe and effective running of the home did not identify the issues in relation to staffing levels and deployment. For example, the registered manager carried out assessments to help inform the number of staff needed, but due to the unique design and layout of the building it did not support staff deployment.
- The governance systems did not identify that people had to wait for personal care. For example, the call bell system did not provide a breakdown of staff response times, so the registered manager had no oversight over the response time of staff.

Because the registered provider has been unable to achieve a rating of good. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- A range of audits were completed on a regular basis by the registered manager.
- Whilst a range of audits were carried out, the governance checks did not always ensure that issues relating to the quality of the service were identified and improved. For example, the service had experienced a number of unwitnessed falls and whilst the audit had highlighted these areas, the information had not been analysed, to look for themes and trends, so changes had not been implemented to make the service safer.
- The recording of the care being given could have been improved. For example, the recording in some people's daily record needed greater detail, and there some gaps in one person's turn chart. The registered manager had already considered this and was working to put systems in place to improve this area of the service. After the inspection, the registered manager said they were obtaining quotes to support them with an electronic care planning system.
- Staff told us the service had improved. One staff member said, "The service was on the brink of closing and we have done so much since that time. We have had a complete overhaul of staff management and a refurbishment of the home."

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 was open and transparent about the improvement journey the service had been

on, and what improvements still needed to be made. For example, they told us they were looking at how they could put systems in place to improve the recording of people's daily records and turn charts.

- The registered manager carried out checks of the service, as told us they felt well supported by the nominated individual.

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

- Since the last inspection, a new registered manager had been recruited and had been working to address the issues we found at previous inspections.
- Staff spoke positively about the new registered manager and described them as being open and approachable.

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

- Surveys to ask people about their experiences of the care had been carried out, but, did not identify the issues we found in relation to staffing and call bell answer times.
- Some people told us they had not been asked to provide feedback. One person said, "You are the first to ask me for my opinion."
- When feedback about the service indicated an improvement needed to be made, the registered manager had acted on this. For example, a relative had shared in the survey that they were unclear about the complaints process. The registered manager shared the complaints policy and highlighted where this was on public display.
- Staff meetings had taken place. The registered manager said they were reintroducing relative and resident meetings now that changes were being made to COVID-19 visiting restrictions.

Working in partnership with others

- The registered manager had been working in partnership with Essex County Council to review the safety of the service.
- Regular staff meetings were held and used to share key information about the service.