

SA & JO Care Limited

Crouched Friars Residential Home

Inspection report

103-107 Crouch Street
Colchester
Essex
CO3 3HA

Tel: 01206572647

Date of inspection visit:
15 September 2022
27 September 2022

Date of publication:
11 October 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

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 46 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 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.

The registered manager took appropriate action to safeguard people and care staff understood how to raise concerns. Relatives told us they felt their loved ones were safe at the service. Relatives were able to visit the home any time.

The service followed appropriate infection, prevention and control policy and procedure to keep people safe from infection. The registered manager had identified when infection control processes had not always been followed and took immediate action to remedy this.

The service was in a Grade 2 listed building which required constant upkeep to maintain a safe environment. The registered manager was able to show works completed and a continuous schedule of works to continue to keep the environment safe.

People had access to appropriate external health care professional support to manage health needs. Care staff were proactive in seeking guidance when it was needed.

The chef produced quality home cooked food that people enjoyed. Snacks and drinks were available when people wanted them. Peoples nutritional needs were well catered for.

Care staff used handheld recording devices to record all care given. This meant records were constantly updated to give real time view of care and gave good oversight to the management team if people were becoming unwell or needed additional support. These records also held all completed risk assessments and care plans so staff could quickly access instructions to support people well.

People at the end of their life were cared for in a person-centred way. Loved ones were supported during these difficult periods.

The registered and deputy manager had a good oversight of the service and addressed any issues that might reduce the quality of care to people quickly. Relatives told us that they felt able to raise concerns and these

would be managed and addressed well.

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

The last rating for this service was requires improvement (published 23 June 2021). A breach of regulation was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance systems. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection, shadowed by an employee of the CQC who had recently completed a degree in health and social care.

Service and service type

Crouch Friars is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crouch Friars is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 September 2022 and we carried out a visit to the location's service on 15 September 2022. We carried out telephone calls to relatives and staff between the 28 and 30 September 2022.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed six care plans and risk assessments for people living at the service. We spoke to the registered manager, deputy manager, senior carer, five care assistants, the maintenance person and the housekeeper. We spoke to four people using the service and observed a mealtime on in both parts of the home. We also sought feedback from three health professionals supporting the service and five relatives.

We looked at governance processes in place to monitor the quality of the service provided, including environmental risk assessments, infection prevention and control processes and general quality audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We had received an increased number of whistleblowing concerns about poor care caused by staffing issues at the service in the two months prior to the inspection. However, we found these had been investigated thoroughly by the manager and additional checks had been made to ensure that people were treated well.
- The registered manager made appropriate referrals to safeguarding bodies, for example in the event of unidentified bruising.
- Staff had received safeguarding vulnerable adults training. Staff understood how to identify and report safeguarding concerns. They told us, "If I had concern's I would report them to the manager, but also if I needed to, to CQC or the local authority safeguarding team."
- Relatives and staff had easy access to information about how to report concerns and felt confident to raise them. One relative told us, "I would have no concerns raising concerns with the [registered manager]. They always keep me updated of concerns as well." Another told us, "I feel that my [relative] is very safe at Crouched Friars."

Assessing risk, safety monitoring and management

- The service had experienced a high number of falls and the staff and management team had worked hard to reduce these. Falls analysis reports were regularly reviewed to identify patterns, such as people and times of day the fall occurred. and where possible actions had been taken to prevent future occurrence.
- People who had risks associated with physical and mental health conditions had clear risk assessments and plans in place to inform staff how to monitor and care for them safely. For example, those with diabetes and risk of pressure areas.
- People who could become distressed had care plan interventions in place to minimise their distress. When necessary the service had referred to external health professionals for advice and support.
- Staff carried out monthly fire drills and people had good personal evacuations plans in place. Risks were identified that posed a fire risk, like the use of paraffin creams. There were clear instructions for staff to follow to mitigate these risks.

Staffing and recruitment

- The provider had introduced a new staffing dependency tool which took into consideration the environmental layout of the service following the last inspection. The tool had highlighted the need to increase staffing. One member of staff told us, "We went from three to five staff on duty at night and five to six or seven during the day. It is much better."

- Relatives told us, "There are usually enough staff" and "There usually seems enough staff on duty." People told us, "Sometimes there isn't enough staff, but they do alright." Call bell alarms audits identified how long people waited for a response when needing it. They demonstrated call bells were answered in a reasonable time.
- A health care professional who regularly visited the home told us, "I have no concerns regarding staffing levels."
- Two staff told us there were not always enough staff on duty, although three members of staff told us there were enough. On both days of inspection, we saw people had access to staff when they needed them.
- The registered manager told us, "We have struggled with staffing and recruitment like most care services at the moment. But we will use regular agency and are actively trying to recruit. On occasions myself and deputy will come in and cover shifts to make sure there are enough staff on duty."
- The registered manager had undertaken appropriate pre employment checks on new staff, such as DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff had undergone a thorough induction to the service. One member of staff told us, "I had a good induction to the service and was able to shadow staff." We also observed a new member of staff on duty on their first day shadowing existing staff.

Using medicines safely

- The registered manager had reported when there had been errors in medication administration. If errors had occurred, they were identified quickly and appropriate actions to notify medical professionals and seek advice had been taken. Staff received additional medicines management training where mistakes had been made.
- Medicine audits identified where practices needed to improve. Management of creams had been highlighted as an issue. We found two creams kept in the fridge had been opened but not dated. The registered manager was working with staff during supervisions and staff meetings to improve this area.
- Medicine charts (MARS) clearly documented how people liked to receive medicines, any allergies, and any special considerations. People requiring PRN 'as required medicines' such as night sedation, or medication to alleviate distress had clear plans in place for how this should be documented.
- The clinical room lino flooring did not allow for good infection control and had holes in various areas. There were plans in place to replace the flooring.

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.

Visiting in care homes

- People were supported to have visitors in line with the governments most recently guidance on visiting in care homes. Visitors were encouraged to wear masks and visited in people's bedrooms or the quiet lounge

area.

- Relatives told us, "There are no visiting hours, I can go when I like, which is important to me and assures me that my [relative] is being cared for well." Another said, "I always feel welcome. The care staff are so friendly."
- People were also supported to leave the care home to go out with family and friends.

Learning lessons when things go wrong

- The registered manager identified lessons learnt following when things went wrong.
- Following a person losing weight after admission, the registered manager updated admission policy to ensure all people admitted to the service were weighed weekly for the first month to monitor for deterioration.
- The registered manager had identified the handover sheet staff used to document people's needs had failed to give enough information to staff leading to omissions in care for a person. They immediately updated the handover sheet and monitored it to ensure improvements. We found handover sheets continued to have limited information in them, however, the care records were accessible on handheld devices and people's needs were communicated well within the staff team.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care staff had received dementia training and we observed them offering choice and seeking permission in all interactions with people living at the home.
- Peoples human rights were respected and where people had special requests for accommodation these had been supported.
- People's care plans clearly identified their preferences and how they wished to be cared for. People's independence was encouraged.
- People's sexual safety and independence had been supported. However, raising awareness of the issues related to sexual safety of people living with dementia would develop care staff knowledge and understanding. This would enable staff to engage with relatives about peoples changing needs and relationships. We signposted the registered manager to resources and training to assist with having difficult conversations and supporting people well.

Staff support: induction, training, skills and experience

- Staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had engaged with local authority training initiatives that supported care and nursing homes to upskill staff.
- The registered manager ensured staff carried out mandatory training required to support people and offered additional courses covering specialist areas to improve skills. All care staff had recently been trained to administer insulin.
- The registered manager told us it had been difficult to achieve a 90% completion rate for online mandatory staff training. Staff received additional payments for completing training but were expected to complete this on their days off. There had been staffing shortages, so staff had picked up additional shifts. Staff did not always want to spend their non-working days completing training. The registered manager assured us they would review this process and discuss it with staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to and choice of different hot and cold drinks and snacks throughout the day. Staff recorded fluid intake on handheld electronic care notes. When people had not achieved their own daily fluid target staff recorded this and if needed sort advice from health professionals.

- Staff showed people a choice of food plated up at mealtimes. These were well presented and nutritious. One relative told us, "The food looks amazing. My [relative] wasn't eating well before they came to the home and now, they love their food." Another told us, "The food is so appetising."
- People were observed being encouraged and supported to eat. One person said, "The food is really lovely here;" another told us, "If I don't like the choice's they will make me something else."
- People who were at risk from choking had been referred to Speech and Language therapists. Where people were waiting for assessment GPs advice had been sought to agree on texture of food offered.
- Staff recorded people's weights and dietitian and of GP advice was sought when people were losing weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals when additional health needs were identified. One person on admission to the service was at risk of falls and their feet were in a poor condition. The registered manager ensured that they had access to chiropody services to address the issues.
- People living with dementia had access to mental health professionals when their mental health affected their quality of wellbeing.
- The service actively engaged with district nurses and other health professionals when people had been admitted with pressure ulcers and diabetes to support the management of these conditions. Care plans included health professional instructions on how to deliver care.

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

- The provider had undertaken a programme of environmental improvements, including renovation of a Crouch Friars wing and new carpets, fittings and furnishings.
- Some work was still needed to make Colne Lodge, a wing of the home supporting people living with dementia, up to a good standard. This was a work in progress.
- People had been consulted about paint colours for their bedrooms and encouraged to bring in furniture and furnishings from home to support familiarity.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had put in place additional electronic door locks to a lounge area to ensure the safety of one person who was deprived of their liberty. While people had been consulted and given the code to exit, not all could use it without staff assistance. People and staff told us whilst they understood, it had restricted people's liberty to move freely. The registered manager discussed this further with people and

took immediate action to remove the restrictions and manage the risk to one person in a less restrictive way.

- People whose liberty was restricted by bedrails, sensor mats and other equipment to manage identified risks, such as falls and injury, had appropriate DoLs in place.
- The deputy manager had completed a variety of MCA's for people who lacked mental capacity, including issues around personal care provision, medicines and receiving immunisations. These were regularly reviewed and clearly showed how decisions were being made.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires Improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were regularly updated and person centred, identifying individual needs, preferences and how staff could support them well. Staff had handheld care plan devices so they could record in real time care provided and people's wellbeing.
- Some people were living with dementia could get distressed when having personal care. Care plans were sensitive to how to support them well and included ensuring staff encouraged independence and choice. One relative told us, "My [relative] sometimes gets distressed having a bath or shower but the staff do not force them. Even so my [relative] always looks clean and happy."
- One person had been supported to host a group of friends for a religious service, something that was very important to them. A relative told us, "Nothings is too much trouble."
- People told us they were happy in the home. One told us, "I like it here although I don't do much that is my choice. I like to sit and watch TV and read my books."
- The registered manager had supported people with religious beliefs to access religious services in the home.
- Relatives told us there was enough staff to support their loved ones. One relative told us, "There always seems to be enough staff and my [relative] has lots of engagement with staff. They have also recently employed an activity lead who is excellent."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff knew people's communication needs and how information should be presented to them. This was recorded in people's care plans.

Improving care quality in response to complaints or concerns

- The registered manager kept a complaints and compliments folder. Where people had made complaints, these had been thoroughly investigated and letters issued with the outcomes and an apology.
- One relative had raised concerns that they had been left to wait outside for an extended amount of time

and staff had not answered the bell. The registered manager had purchased a new bell having identified that the old one was difficult to hear.

End of life care and support

- People who lived at the home receiving end of life care had care plans in place that informed staff how they wished to be cared for, any special requirements and which health professionals were involved to support needs. Anticipatory medications were prescribed and kept in the clinical room in case people needed them.
- The registered manager had put together special boxes for people at the end of their life that included mouth care kits, herbal essences to calm and relax them and other essence equipment. It also included support materials on managing death and dying for relatives.
- The deputy manager spoke to people and their loved ones about end of life wishes on admission to the service. Where people had special religious considerations, these were supported.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have robust governance processes in place to assess and improve the quality of care provided to people. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered and deputy manager had worked hard to make the necessary improvements following the last inspection. A variety of audits to measure the quality of the service, identifying where improvements needed to be made and taking actions to do so.
- Staff meeting minutes identified areas of concern being addressed with staff and expectations for them to meet. This was also addressed during supervisions.
- The provider had invested in the environment and while improvements were still needed, these were planned and in progress.
- External professionals carried out regular assessments, such as fire assessments and equipment checks. Where there were concerns, we saw the registered manager acted, for example ensuring moving and handling equipment was maintained.

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

- The provider held regular meetings for people and relatives to express how they felt about the service and make suggestions around any changes that might improve the service. For example, some people stated they wanted to have spreads, jams and teapots on the table for breakfast to be more independent, so the registered manager ensured this was put in place.
- One person told us, "The staff are wonderful. I love them and they love me."
- A relative told us, "The staff are so caring and fun. There is lots of friendly and kind banter with people. My [relative] didn't ever want to go into a care home, but they really love it here." Another told us, "We have had a number of milestone events whilst [Relative] has been at Crouched Friars, big birthdays, anniversaries and visiting overseas relatives and on each occasion all the stops were pulled out to make sure we had a

fantastic celebration. The garden room has been decorated for us a few times, extra effort with catering from the kitchen and staff joining in our celebrations. We really couldn't ask for more!"

- Relatives told us that the manager had an open-door policy. One told us, "They always call be straight away if there is a problem or concern. They are very open with me." Another told us, "[The manager] has definitely gone above and beyond on so many occasions... They regularly send lovely photos and little messages about what my [relative] is doing and we are always informed if he's feeling a bit under the weather."

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; Continuous learning and improving care

- The registered manager understood their responsibilities to be open, honest and to apologise if things went wrong. A system was in place to investigate and review any concerns raised, they took responsibility when shortfalls were found and acted to improve the service.
- The registered manager and provider had worked hard to make improvements to service provision and the environment of the service following the previous two inspections where we found breaches of regulation.
- The registered manager told us, "The provider is very supportive. If I need something, identify improvements that need to be made, I know I can ask for it and it will be done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager held regular staff meetings to discuss what had gone well and what could be better. A member of night staff told us, "We have the meeting agenda up in the staff room so we know what day it is, can contribute and what information is shared. The manager also emails us the minutes."
- The registered manager identified when people needed additional support from commissioners and health care professionals such as district nurses, to manage peoples physical care needs.
- Health professionals told us the service worked well with advice and had improved. One said, "I have observed improvements to the services provided to the residents compared to previous years."
- Staff told us that there had been significant improvement under the new manager and they felt involved in what happened at the home. One said, "It's so much better than it used to be, and I feel we are listened too. Know I have time to really get to know people well. It feels like a large family." Another told us, "When the key worker system was brought in, it made me feel like I had a bit more responsibility and could develop even better relationships with people care for and their relatives."