

# Somerset Care Limited

# Critchill Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Critchill Court is a residential care home registered to provide accommodation and personal care for up to 50 older people. There is a separate part of the home known as Cedar Oaks, which provides care to people living with dementia. The "main house" provides care and support to older people some of whom are living with dementia. The home does not provide nursing care. At the time of the inspection there were 31 people living in the main home and nine people living in Cedar Oaks.

People's experience of using this service: There were systems in place to safeguard people from the risk of abuse. Risks to people were identified, some risk assessments required more details. Where people experienced anxiety whilst receiving personal care, we received some different examples from staff on how they supported people with this. People's care plans required more detail around how staff should support them at these times.

Some areas of medicines management needed to be improved. Incidents and accidents were recorded and reported, people's risk assessments were not always updated following incidents. Some areas of infection control needed to be reviewed and improved. There were a range of checks in place to ensure the environment and equipment was safe.

We received mixed feedback from people and staff regarding the staffing levels in the home. There were times when staffing levels were reduced, due to sickness for example. The registered manager said they or the deputy manager covered at these times. There were systems in place to ensure suitable staff were recruited.

Although people had access to a range of healthcare services and professionals, staff had not always sought medical advice when people had become unwell. People's rights were protected because the correct procedures were followed where people lacked the capacity to make specific decisions.

People were positive about the food; our observations of the mealtime experience were mixed. Staff had not always received one to one supervision in line with the providers policy, however staff told us they felt supported.

People told us staff were kind, caring and respectful. Our observations around staff interactions with people were mainly positive. Some interactions however did not promote dignity and respect.

People's opportunities to be involved in activities and stimulation in Cedar Oaks needed to be improved. The quality of people's care plans was mixed.

People and relatives felt able to raise concerns and that they would be listened to. The service had received positive comments regarding the support people and their families received at the end of their life.

There were systems in place for people, their relatives and staff to give feedback on the service. There were quality assurance systems in place to identify shortfalls in the service, these had not identified all of the concerns we found during the inspection.

People, their relatives and staff were positive about the registered manager and felt supported. The service worked in partnership with other organisations.

Rating at last inspection: Good (Report published July 2017)

Why we inspected: This inspection was brought forward due to concerns we had received. At this inspection we found the quality of service requires improvement.

Enforcement: We found two breaches of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Follow up: We have requested the provider sends us an action plan. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Critchill Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The first day of the inspection was completed by one inspector, a specialist advisor who was a nurse 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. The second day was carried out by one adult social care inspector.

Service and service type: Critchill Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate up to 50 people. At the time of our visit there were 40 people using the service.

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: The inspection took place on 16 and 17 April 2019, the first day was unannounced and the second day was announced.

What we did: Prior to the inspection we reviewed other information that we had about the service including safeguarding records and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, tell us what the service does well and the improvements they planned to make. We reviewed this information during the inspection.

During the inspection we spoke with nine people who lived at the service and two people's relatives. We also spoke with 11 members of staff, this included a senior manager, the registered manager, care staff and the cook. We reviewed seven people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection we contacted healthcare professionals who visited the service to obtain their views of the service provided. We also spoke with one further relative.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Risk assessments were in place for aspects of care, however they were not always reviewed following incidents. One person was identified as a high risk of falls. They had experienced three falls during February and March 2019, the person's falls risk assessment had not been reviewed following these falls to include any contributing factors that would prevent future falls.
- Where control measures had been identified in risk assessments, these were not always being followed by staff. For example, one person's falls risk assessment stated they should wear suitable footwear, during the first day of the inspection they had nothing on their feet. This meant they were at a higher risk of falls.
- Another person had experienced a seizure. Their risk assessment stated if the person had a seizure for more than five minutes staff should call 999. Records demonstrated the person had experienced a seizure for eight to nine minutes and 999 was not called. The person had also hit their head during the seizure and staff had not sought medical attention regarding this. The documentation regarding the seizure was not sufficient because staff had not recorded the description of the seizure when it occurred. There also were no records of any follow up monitoring of the person's condition following the seizure.
- Some people living in Cedar Oaks could become anxious whilst staff were assisting them with personal care. Staff told us people could hit out at them at these times. There was a lack of detail in care plans on how staff should support people at these times.

Using medicines safely

- Some areas of medicines management needed to be improved. For example, one person was prescribed medicines for constipation and had guidelines in place to direct staff on when to administer these. We found the guidelines had not been followed consistently for this person.
- Some people were prescribed creams and ointments for staff to assist them to apply. There was a lack of guidance available for staff in Cedar Oaks about where these creams should be applied, for example body maps. The provider told us body maps were completed and usually kept on the back of people's wardrobe doors. They said due to the current refurbishment work at Cedar Oaks the body maps had not been returned to their usual place. Body maps were available in the main house.
- Some people were required to have medicines 'when required' (PRN). Whilst there were protocols in place for staff to advise them when to administer the medicines, three of the senior staff spoken with were not aware of the protocols.
- Medicines and creams were not always dated when they were opened, this meant it would be difficult for staff to determine if they were still effective to use.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

- We discussed concerns relating to risk assessments with the registered manager who demonstrated they were working with the staff team around care planning and expectations regarding risk assessment content and reviews. They told us they would address the concerns identified during the inspection.
- There were a range of checks in place to ensure the environment and equipment was safe. Emergency plans were also in place to ensure people received the support they needed in an emergency.
- The home used an electronic medicines system which recorded people's allergies and photographs.
- Medicines were stored securely, and the temperatures of the storage facilities were regularly monitored.
- Staff were trained to give medicines and their competency was assessed prior to them undertaking the task. There were systems in place to assess staff's ongoing competency.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse. Staff spoken with were aware of the signs of abuse and how to report any concerns both internally and externally. Staff had received safeguarding training.
- Staff told us some people could get anxious whilst they were supporting them with person care. One staff member told the inspector they used unplanned restraint at these times to enable them to assist the person with personal care. We discussed this with the registered manager and requested they raised a safeguarding alert with the local authority, who confirmed it did not meet the criteria for a safeguarding response. The registered manager confirmed they provided staff with further training and support relating to supporting people with personal care when they were anxious.
- People told us they felt safe at Critchill Court. One person told us, "I feel safe." Another commented, "I feel safe here. Everyone has to ring the bell to be let in." Relatives also commented they thought their family members were safe.

#### Staffing and recruitment

- We received some mixed feedback from staff and people regarding the staffing levels in the home. People told us, "Staffing levels are pretty good I think. You can't turn around without them being there. You see the same faces", "The time they take to come (answering the call bell) varies, it depends on how busy they are", "I haven't used it (call bell) recently- but they do come quite quickly", "They have been short of staff recently" and "I think the levels are adequate here, yes."
- Comments from staff included, "It depends on the day, sometimes its fine and other times it can be horrendous. The (registered) manager and deputy manager will help out if it's really bad, an extra pair of hands they are good in that respect", "We do need more staff, we are fully staffed today but it's not always like this" and, "Some days there are not enough staff, when staff go off sick."
- We discussed staffing levels with the registered manager and senior manager, they demonstrated they had a live monitoring tool which they used to monitor the staffing levels in the home. When staffing levels dropped below the minimum required, the system raised an alert and the senior manager stated they would contact the home to enquire what was happening. They also used a dependency tool to review staffing levels.
- We reviewed the staffing rotas and the system that monitored the staffing levels and noted that staffing levels did on occasions go below the identified minimum levels. The registered manager and deputy manager confirmed they helped at these times.
- Our observations during the inspection were that call bells were answered promptly. During the inspection we noted one person living in Cedar Oaks required a lot of one to one support. The registered manager told us the person had a recent decline in health. One staff member told us, "Mealtimes can be hard, with [name of person]. They really need one to one, we haven't got the time to sit with just them. We try as hard as we can." The persons records demonstrated at times they had required two staff to support them for up to 20 minutes. The registered manager confirmed the persons decline in health had been



factored into their staffing calculations.

- There were systems in place to ensure suitable staff were recruited. Checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

#### Preventing and controlling infection

- People told us they were happy with the cleanliness in the home. One person commented, "I am happy with the cleanliness here yes."
- The home had a dedicated team to oversee the cleanliness of the home.
- Staff received training in infection control and had access to appropriate personal protective equipment.
- Staff did not have direct access to hand washing facilities in people's bedrooms on Cedar Oaks, this was because people may ingest certain items. This meant staff would not be able to wash their hands immediately after providing personal care or before administering medicines. Staff also did not have immediate access to hand gel. A risk assessment had not been completed regarding this and the risk of the spread of infection. The registered manager completed a risk assessment and ensured staff had access to hand gel following the inspection.
- We discussed this with the registered manager and senior who told us they would ensure staff had access to hand gel and review their current risk assessment relating to this.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager and deputy manager. Incidents and accidents were analysed for themes and trends, bruising was currently not part of this process. The registered manager told us they would also include this in their analysis.
- The registered manager gave examples of how they applied learning from incidents and shared this with the 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

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

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

- People's needs were assessed prior to them moving into the home. These assessments were used to form the basis of the care plans.
- Care plans were not always completed comprehensively to provide instructions to staff when someone had an acute episode of illness or at high risk, resulting in a lack of instructions for staff on how to care for the person or evaluation as to their condition. For example, one person had a chest infection on the day of the inspection, however the shift leader was unaware of this, there was no plan of care in place for how staff were supporting the person with the chest infection.
- Another person's care plan identified due to a health condition they should have their urine output monitored yet. We discussed this with a senior member of staff who confirmed this was not happening. The registered manager told us they would ensure this was completed.

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

- Staff had not always sought medical advice when people had become unwell.
- People had access to a range of healthcare services and professionals according to their needs. These included GPs, district nurses, the intensive dementia support service, epilepsy nurse and community psychiatric nurses.
- People's relatives were confident the service would seek and receive input from external professionals when needed.

Staff support: induction, training, skills and experience

- People told us they thought staff were trained to undertake their role. Comments included, "They know their jobs and they meet my needs" and "The staff are well trained."
- Staff were positive about the training they received, and they told us there were lots of opportunities to attend training and development. Comments included, "There is so much training opportunity" and "The training here is some of the best training I've had. It's in depth, they will explain things."
- Staff received an induction when they began at the service. This included orientation to the service and shadowing a more experienced staff member for as long as necessary. Where required, staff new to care completed the Care Certificate to understand the national minimum standards.
- We reviewed the training records and noted staff received training such as moving and handling, first aid, safeguarding, dementia and end of life care. Additional training in understanding people when they were anxious had been received, not all staff felt this was suitable to meet the needs of the people living in the home. Following the inspection, the registered manager confirmed they would be discussing staff's

concerns regarding this and looking at additional ways to support them.

- Although staff had told us they had not received training in some subjects such as epilepsy and taking blood sugar levels, the registered manager demonstrated they had. The registered manager told us they were arranging for district nurses to provide refresher training on this topic.
- The provider had a policy in place to identify staff supervision arrangements. This included, one to one supervision, an annual appraisal, team meetings and observations. Some staff had not received these in line with the providers policy, however staff told us they felt supported and able to request a supervision if required.

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

- We received many positive comments regarding the meals in the home. One person told us, "I've never had any complaints. There is a fairly good choice of two main dishes, they come around in the morning and ask. I've never had to complain about the food. I get enough to eat and drink." Other comments included, "The food is very nice and there is plenty of it. I have special drinks to build me up as I have lost weight. I have lots of milk and yoghurts. Sometimes I don't fancy a cooked lunch, so they let me have Weetabix and a pudding. I choose my lunch at about 12.00" and "The food is quite good. I have enough to eat, the choices are good. They ask me beforehand what I want. They will give you something different if you want and if I am not enjoying it they will change it."
- People were supported with hydration. We observed people were continually offered drinks in the main home and people had drinks in their rooms. We observed there were a lack of drinks and snacks readily available for people in the communal areas in Cedar Oaks. The provider told us snacks were not left out due to people's dietary needs and risks relating to this, they reassured us staff offered people regular drinks and snacks throughout the day. Cedar Oaks was also going through refurbishment at the time of the inspection, which included refurbishment of the kitchen area.
- The chef had details of people's preferences and dietary needs in the kitchen. They told us communication with the staff team was good and they were kept informed of changes in need, for example, if people lost weight and needed additional calories.
- Our observations around the mealtime experience were mixed. We saw examples of people being offered choices of food and drink, including an alcoholic beverage. People were asked where they would like to sit. Where people were supported one to one by staff they supported them at an appropriate pace, talking to them and explaining what their meal was. People were asked if they had finished their meal before their plate was removed.
- However, people were not always offered the choice of vegetables or gravy on their meals with staff dishing this up without asking people, also there were not always condiments available on the tables for people to use.

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

- Cedar Oaks was undergoing refurbishment to increase the size of people's rooms and enable them to have en-suite facilities. This had been achieved by reducing the number of bedrooms on this side of the home. The registered manager explained this would benefit people and better meet their needs.
- The communal rooms in the main part of the home were bright, well decorated and furnished. Some of the corridors and toilets looked worn, the senior manager confirmed there were plans in place to address this.
- The dementia champion told us how they had recently worked with people and put decorations on walls to enable people to orientate themselves, they said this had been very successful. There were plans to include signage in Cedar Oaks once the refurbishment was completed.
- There was an outside courtyard space which we observed people using during the inspection.

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 Act 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 with appropriate legal authority. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were protected because the correct procedures were followed where people lacked capacity to make specific decisions. The home had assessed people's capacity to make decisions where they thought they lacked capacity to do so. Areas included administration of covert medicines and use of sensor mats. Relatives and health professionals were involved in best interest decisions where required.
- We observed staff asking for people's consent when they were supporting them.
- DoLS applications had been made to the local authority where required. There were currently nine authorised DoLS and a further 25 pending authorisations from the local authority.

# 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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were on the whole kind and caring. Comments included, "I have no complaints about staff, they are caring and kind", "They are very good and kind", "Staff are very helpful, I am well looked after" and "All the staff are nice and kind and hard working." One person commented, "They are very kind here as a rule. A couple are a bit dicey. Their attitude is "hurry up, hurry up!" they say they can't stop, they've got to get on."
- People told us staff knew them well. One person said, "Staff know my likes and dislikes." Other comments included, "They take the trouble to get to know me" and "Staff know me well. They will pop in for a chat, they do my nails for me."
- There were policies in place regarding equality and diversity and staff received training in the subject.
- The registered manager told us they were arranging for a priest to attend the home to conduct religious services, in the meantime staff were supporting people with this.

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

- We received mixed feedback about how involved people felt in making decisions about their care. One person told us, "We have meetings regularly and have a good old natter. Staff ask if everything is ok and if I'm not satisfied with something I will have a grumble. I feel involved in making decisions", "I am not directly involved in my care plans, but we have meetings" and "I haven't been involved in any decisions about my care, no."
- There were systems in place to enable people to be involved in decisions regarding their care. For example, staff met with people throughout the month and went through specific questions to ensure they were happy with aspects of their care.
- We observed staff respecting people's wishes.
- Staff described how they offered people choices.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful towards them. One person told us, "They respect my privacy, I prefer to stay in my room." Another commented, "Staff are respectful towards me. If I had a problem I would go to any of them." staff knocked on people's doors before entering.
- Our observations of staff interactions were mixed. Staff referred to one person needing the toilet in front of others, which was undignified for the person involved. During another observation staff had referred to a person as "This." Another staff referred to a person as "Little [name of person]." These interactions did not demonstrate people were consistently being treated with dignity and respect. We fed this back to the registered manager who told us they would address this.
- Other observations of staff interactions were positive. We observed staff and people were on first name

terms, staff ensured they were on the same level as people when they were talking to them. Staff appeared to know people well and spoke to them and acknowledged them when they came into a room.

- Visitors told us they were welcomed into the home, and the registered manager promoted an 'open door' approach for visitors to attend at any time. One comment from a visitor said, "Thank you for all your loving care and warm welcome you gave me and my family on all visits."

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some improvements were needed to ensure a person's individual communication needs were assessed, met and recorded in line with the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- One person's care plan stated they were 'registered blind'. There was no care plan in place detailing how staff should support this person with their sensory loss.
- The quality of people's care plans was mixed. Some areas of care plans were very person centred, detailing people's specific sleeping preferences for example, with regards to how many pillows and if they liked their door shut or opened. People's preference of gender of carer was also recorded. Other areas lacked detail. For example, oral health assessment was not evident in people's care plans. In one person's personal care plan it did not identify if they preferred a bath or a shower.
- Care records did not demonstrate people were being supported regularly with bathing or showering in Cedar Oaks. Due to the refurbishment work the bath had been out of use for a month. There was a shower available to use. Two people had dirty nails during the inspection. People in the main building however looked well-presented and we did not identify any concerns.
- Our observations around people's engagement and stimulation was mixed. Staff told us people living in Cedar Oaks would benefit from more stimulation and interaction. One relative commented, "[Name of person] sits around all the time, I wish they would walk her around more."
- Records demonstrated people were offered activities in Cedar Oaks, but these were not happening consistently. The registered manager told us they currently had one activities coordinator vacancy within the team and they were proactively trying to fill this. Also, the refurbishment work in Cedar Oaks had meant that at times there was restricted access to some communal areas, once the work was completed this would improve the communal space in Cedar Oaks.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

- The provider submitted evidence following the inspection that demonstrated people were receiving regular activities following the inspection.
- People told us they were happy with the activities on offer and had the choice of whether to attend. One person told us, "I join in as many activities as I can. They are a good group of people. I have been out on trips and enjoyed it very much." Other comments included, "They will pop in for a chat, they do my nails for me", "I read the paper. I'm not really interested in joining in" and "I don't always go to the religious services. I like reading and occasionally watch TV in my room. Sometimes I join in with the activities, if I want to chat I go down. They always ask me if I want to join in."

- There was an activity timetable in place which covered the whole home. Activities included, games, crafts, music and days trips. People living in Cedar Oaks attended some of the activities in the main house. The registered manager told us they had access to a minibus once a month and people could attend activities in the community.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- People told us they had never made a formal complaint, but all said they would feel comfortable making one if they had to and were confident staff would listen to them and respond accordingly.
- The registered manager held a record of any concerns or complaints raised, the action taken and the resolution.

#### End of life care and support

- At the time of the inspection no one living at Critchill Court was receiving end of life care.
- The registered manager told us they worked alongside district nurses to support people with end of life care.
- Inside the front door was a message book, candle and framed photograph of one person who had recently passed away. This provided people, visitors and staff with an opportunity to celebrate and reflect on the life of the person. A staff member was overheard supportively reminiscing with one person regarding another person who had passed away recently, and was reported as, "Greatly missed" within the home.
- We reviewed positive comments from family members regarding the support their family member had received at the end of their life. These included, "Thank you and the staff at Critchill Court for caring for our mum so sensitively, we would especially like to thank you for the many kindnesses and support shown to our mum in the last few days of her life. This enabled her to fulfil her wish not to go into hospital" and "All your staff will have a special place in my heart for what you did for me and my nan, I hope you realise how much it means to family members to know how cared for and safe and loved all of your residents are. You made her final months happy and for that I will be eternally thankful."



# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager had not notified the Care Quality Commission (CQC) of two safeguarding events which had occurred in line with their legal responsibilities.
- The provider told us these had been reported to the local authority safeguarding team who had stated they did not meet the criteria for a safeguarding response. Whilst these had not met the criteria CQC still needs to be notified of allegations of abuse.
- The registered manager had notified us of other incidents in line with legal requirements.
- There were a range of audits in place covering areas such as medicines, incidents and accidents, infections, care planning and staff personnel files. The audits were not always effective in ensuring action was taken in response to the findings. For example, although falls were being monitored and analysed monthly, this analysis had not always prompted a review of the risk assessment and care plan.
- All of the care plans had been audited and reviewed, however some areas of care planning lacked specific details to enable staff to effectively support people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Not everyone living at Critchill Court could tell us who the manager was, this was due to their cognitive ability linked to their dementia. However most of the comments we received were positive. One person told us, "I have gone to management about things and they have listened to me and tried to put it right. I can't really grumble, I would." A relative commented, "[Registered managers name] is approachable. I always have a chat with them when I come in. I would recommend it here."
- Staff commented positively about the registered manager and the support they received. Comments included, "[Name of registered manager] is really good for the home. They are strong, open and fair. They want the best for the home. The changes they have implemented are fantastic, all for the better of the residents" and "[Registered manager] is approachable you could go to them."
- The registered manager was committed to providing a person-centred service and spoke positively about the service and the team. The registered manager and senior manager told us how they had been developing the culture of the staff team and how this was proving to be positive. They also demonstrated they were encouraging the senior team to offer positive feedback to staff where good practice had been identified.
- The registered manager felt well supported by their line manager and the organisation.
- The registered manager understood their responsibilities under their duty of candour.

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

- People and their relatives' feedback was sought through one to one meetings with staff asking specific questions and recording the feedback. The registered manager told us five people and five relatives were spoken with each month and they reviewed the feedback and completed action points as a result.
- There was a suggestions box in the main hallway of the home for people, their relatives and staff to submit suggestions.
- Relatives told us communication was good in the home.
- Staff meetings were held which gave staff the opportunity to discuss items such as, current topics, roles and responsibilities, policies and positive feedback regarding the team.

Continuous learning and improving care; Working in partnership with others

- The registered manager described how they promoted a culture of learning from incidents and complaints. They gave examples where they had cascaded and applied learning throughout the team.
- The registered manager kept themselves up to date with any changes in guidance or the law.
- The service worked in partnership with other organisations to support care provision. For example, local district nursing teams, GPs and a dementia support service to meet and review people's needs. They also worked with the local British Legion and a local nursery who arranged for children to visit the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>People who use services did not always receive care that met their needs and preferences. Regulation 9 (1) (b) (c)   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People who use services were not protected against the risks associated with unsafe care because the provider was not always ensuring risks were mitigated. Regulation 12 (2) (b) |