

Crecy Care Home Limited

Crecy Care Home

Inspection report

45 Spa Road
Weymouth
Dorset
DT3 5EP

Tel: 01305769911
Website: www.agincare-homes.com

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 4 and 5 July 2016.

Crecy Care Home is registered to provide accommodation and personal care for up to 40 people in a residential area of Weymouth. At the time of our inspection there were 35 older people living there. Crecy Care Home was made up of two separate but neighbouring houses. The larger house was divided into two main areas, the majority of people living on the upper floors were living with dementia and the adults on the lower floor had mental health related care needs. People lived more independently in the smaller house and received support and care related to their mental health.

There was a registered manager in post at the time of our inspection. 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.

There was a strong smell of urine in some parts of the home. This did not promote people's dignity.

People felt safe and were supported effectively to manage some complex risks related to their physical and mental well-being. They were not always protected from harm because care plans related to identified risks were not always followed

Deprivation of Liberty Safeguards had been applied for where people who needed to live in the home to be cared for safely did not have the mental capacity to consent to this. Where there were conditions to these safeguards being granted they were being met.

People had support and care when they needed it from staff who had been safely recruited and knew them well. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider.

People were positive about the care they received and told us the staff were kind. Staff were cheerful and mostly treated people and visitors with respect and kindness throughout our inspection. Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink.

People us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to ongoing healthcare and health emergencies were met and recorded and they received their medicines as they were prescribed. People were engaged with activities throughout our inspection that reflected their preferences, including individual and group activities both in Crecy Care Home and the local area.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005 when people did not have clear capacity to make decisions for themselves. This meant people received care that was in their best interests and did not restrict them unnecessarily.

Quality assurance had led to improvements being made that made the home safer and more responsive to the needs of people. Where we identified concerns during our inspection these were addressed immediately when this was possible. Staff, relatives, professionals and people spoke positively about the management and staff team as a whole.

There were breaches of regulation related to how people were protected from harm and the smell of urine in the building. You can see what action we told the provider to take at the back of the main report.

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 for some people whose risks were not reduced effectively. This was the result of care plans not being followed and records not being kept to review how these plans were working.

People felt safe and were supported by staff who understood their role in keeping them safe.

There were enough staff to meet people's needs.

People received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was effective. People told us the food was good and meal times were a pleasant social experience.

People were supported to make choices and staff understood the importance of enabling this. Where people were not able to make choices their rights were upheld and the principles of the Mental Capacity Act were followed. Deprivation of Liberty Safeguards (DoLS) had been applied for when people needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood their needs, were trained to carry out their role and felt supported.

People had access to healthcare professionals when they needed them and staff followed guidance effectively.

Good ●

Is the service caring?

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was mostly protected.

People and their relatives were listened to and felt involved in making decisions about their care.

Good ●

Is the service responsive?

The service was responsive. People told us they were supported in ways that met their needs. Staff shared information to ensure they were aware of people's current needs.

People and relatives were confident they were listened to.

There was a process in place to address complaints and people told us they would raise concerns if they had them.

Good 

Is the service well-led?

The service was well led although appropriate measures had not been taken to address the smell of urine in some parts of the building.

People, staff, relatives and professionals had confidence in the management team and spoke highly of the support they received.

There were systems in place to monitor and improve quality. Regular monitoring had been effective in identifying where some improvements were necessary.

Staff were committed to the ethos of the home and were able to share their views.

Requires Improvement 

Crecy Care 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 the 4 and 5 July 2016 and was unannounced. The inspection team was made up of one inspector and a specialist advisor. The specialist advisor had expertise in mental health and the care of people with dementia.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had also completed a Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they would send us information about training and staff support after the inspection. We received this information as agreed.

During our inspection we observed care practices, spoke with 11 people living in the home, five visitors, nine members of staff, the registered manager and two members of senior management from within the provider organisation. We also looked at six people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and training records.

We also spoke with three healthcare professionals and two social care professionals who worked with the home.

Is the service safe?

Our findings

People told us they felt safe. One person said: "I feel safe." Another person told us: "I feel safe – people are kind." Some people were not able to describe their experience with words as a result of their dementia. These people were confident and initiated interaction with staff indicating they were relaxed in their company.

People were at risk of unnecessary harm because staff were not always following care plans designed to reduce the risks they faced. Staff were able to describe measures they took to keep people with complex support needs associated with their mental health safe. Health professionals reinforced this and told us that staff communicated effectively and followed advice appropriately in respect of both physical and mental health needs. Staff spoke respectfully about people whilst describing these measures and emphasised people's right to make choices. We saw that risks associated with mobility and skin integrity were mostly managed effectively.

However, we also saw that the risks some people faced were not being responded to safely. For example one person was assessed as needing help to move every two hours to protect their skin and records did not reflect that this was happening overnight. They also needed their mattress to be on a setting that reflected their weight and this was not set correctly. This meant they were at an increased risk of developing pressure sores.

We also found there was not a shared understanding across the staff team about how to support people to eat and drink safely. One person had guidance from a speech and language therapist that outlined the texture their food needed to be to reduce the risk of choking. Staff were not all aware of guidance and it was not always being followed by staff. The person was recorded as eating foods that put them at risk of choking. We discussed the person's diet with four staff who all said the person ate foods that the guidance said they shouldn't. They all described the reason for this in terms of the person's preferences. Care records indicated that the person's capacity to make this decision would need to be assessed as part of any change to their care plan. We spoke with the registered manager about this and they wrote to us immediately after the inspection to say they had begun discussing the situation with professionals to ensure that the person's wishes were reflected in a care plan and that staff would follow the care plan. Staff were following guidance for another person but did not all know this guidance had come from a speech and language therapist and was designed to ensure their safety. People were at risk of harm because staff did not understand the plans in place to keep them safe when eating and drinking.

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

Staff were confident they would notice indications of abuse and knew how to report any concerns they had. Staff told us they had received training on how to whistle blow and were confident to do so if needed.

Staff were recruited safely and deployed effectively to meet people's needs. Most people, and visitors, told

us people did not regularly wait to receive care and staff were able to spend time talking with people as well as responding to their physical needs. One person said: "There are always plenty of staff here... they are helpful." Another person said "There are enough staff and they are all good". Staff told us that whilst the service was short staffed due to vacancies the team were working together to ensure shifts were covered. We discussed staffing levels with the registered manager and they described that staffing levels changed to reflect planned activities and changes in people's needs.

People received their medicines as prescribed. Medicines were stored safely and administered as prescribed. Some people living in the home took medicines that were covered by the Misuse of Drugs Act. This meant the medicines required additional security to be in place. We checked these medicines and found them to be stored and accounted for appropriately.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported and promoted people's ability to make choices about their day to day care. One member of staff told us: "You don't ever assume people can't make their own decisions." Staff described their roles in line with the principles of the MCA including the need to find the least restrictive way of supporting people when they are not able to make decisions for themselves.

The home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised people for people who were not able to consent to their care being provided in Crecy Care Home. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely and can outline conditions that must be met. One person had a condition that they should be supported to go out regularly. We saw this was happening in a way that met their needs and promoted their well-being. People who are subject to a DoLS who do not have someone to act for them in respect of the safeguard have an independent advocate appointed (IMCA). IMCAs told us they had been able to undertake their role within Crecy Care Home including addressing concerns with senior staff.

People and staff told us that the food was good. One person told us "The food is great." Two other people chatted with each other about the meal they had just eaten and made us aware that the dessert had been especially good. The menu reflected the food choices of people living in the home and offered options at each meal. The majority of people chose to eat communally and those that stayed in their rooms or did not want to eat at dining tables received their food at the same time as those that sat together. People who needed help to eat and drink received assistance from staff who sat with them and were attentive to their needs.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk. People were supported to maintain their health and records indicated that they saw medical professionals whenever this was appropriate. We spoke with three health professionals who worked with the home about the support

people received. They told us that they felt the staff team made good decisions about when to contact health professionals about people's physical and mental health. They also commented that advice given was followed.

People, and visitors, told us the staff had the skills they needed to do their jobs. One person said: "The staff are really very good." Staff told us they felt supported to do their jobs and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They described their training, and induction, as appropriate for their role and explained their professional development was reviewed through regular supervision, appraisal and informal coaching addressing specific practice concerns. We reviewed training and support records and discussed training plans with the registered manager. There were plans in place to ensure that all outstanding training and supports were addressed. Staff that met the criteria to take the Care Certificate were supported to do so. The Care Certificate is a national qualification designed to ensure that staff who are new to care gain all the skills they need.

Is the service caring?

Our findings

People and relatives told us the staff were kind and that they felt cared for. One person told us: "They are all very kind and nice." Another person said: "There is an emphasis on care here." A relative described how staff act to us saying: "Everything is gently and nicely done in a considerate manner... they have all been superb."

Staff had taken the time necessary to build relationships with people in an individual way and spoke of, and with, people with affection. Staff acknowledged people when they entered a room and usually took the time to make positive comments. They also spent time chatting with people before and during and care or support tasks. For example we observed a person having their hair braided by staff. They chatted throughout this activity. Staff spoke confidently about people's likes and dislikes and were aware of people's social histories, preferred names and the relationships that were important to them. They empathised with the struggles people had faced and this reinforced their wish to provide high quality care. One member of staff said: "I want to do the best I can for people." We saw staff use their knowledge of people to encourage communication that was meaningful. Humour was prevalent but most staff spoke respectfully to people living in the home and each other.

People's privacy and dignity was respected: people's rooms were personalised and respected as their own private space and most staff ensured support was provided respectfully. However, we also heard a member of staff discuss personal care tasks audibly in communal areas. We discussed this with the registered manager who addressed this with the staff member concerned.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. People were encouraged to retain their independence in a variety of ways such as using daily living skills, managing their money and determining how they would spend their time.

Care plans included information about end of life care where this was known and it was clear that this was only discussed with people who wished to do so.

Is the service responsive?

Our findings

People told us that they received the care they needed in ways that suited them. One person told us: "I've lived here on and off for years. It is good. They treat me right." People told us they felt well cared for, one person told us: "The care here is really good." Staff reviewed and discussed people's current care needs and this ensured that people experienced continuity of care. Staff knew people well and were able to describe recent changes in the support needs with confidence. For example one person had received some medical advice and staff told us they were prompting the person to ensure they followed the advice.

People and their relatives were involved in planning their care. Their care needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that people's needs were reviewed regularly and reflected changes. For example one person's mobility had altered and this was reflected in a new care plan. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. People told us they were able to tell staff what they wanted and we saw that staff were guided by the actions of people who did not always use words to communicate effectively. This meant that people were able to direct their care and support. Records indicated that relatives were kept informed and their knowledge about their relative was valued and sought out. Relatives also told us that this was the case explaining that they always felt they were informed and consulted appropriately.

The staff kept records which included some references to personal care people had received; how they had spent their time and physical health indicators. These records were sparse at times and did not always link clearly to people's care plans but rather reflected general observation about them. Records are important tools in monitoring the quality of care people receive and ensuring it can be reviewed effectively. We spoke with the registered manager about this and they highlighted that they had been working to develop report writing and to ensure it covered people's social needs and activities as well as physical care provided.

Activities were planned for groups and individuals and reflected people's preferences. During our inspection people went out, others joined in a sing along with a visiting entertainer and watched Wimbledon together. Other people did a crossword, chatted with each other or spent time engaged in their own choice of activity in their rooms. We saw photos of other events held in the home including visits from birds of prey and parties. People were supported to maintain links with the community and many of the people living in the home were from the local area. They told us they went out and were able to welcome visitors.

People and relatives told us they would be comfortable raising concerns and complaints. One person told us "No problems at all. I would complain to (staff) if I needed to, I never need to." There had not been any complaints received within the home and there was a procedure and policy in place to deal with any that arose.

Is the service well-led?

Our findings

There was a strong smell of urine in a number of areas within the home including, two toilets, a bathroom and bedroom carpets. The smell was noticeable to visitors and was raised by half the professionals we spoke with. Other professionals, visitors and staff all acknowledged the smell when we raised it. We spoke with cleaning staff and the manager about cleaning materials that had been tried in an effort to remove the smell from carpets. They told us that some parts of the home had flooring that was easier to clean but the smell was located in flooring and radiator covers in other parts of the building. We also spoke with the maintenance staff about possible sources of the smell in communal toilet and bathroom areas. Whilst cleaning products had been sourced and water was run through the pipes in the bathroom area the smell remained unacceptably strong in people's home. Audits had identified "musty" odours in some parts of the home but had not led to an effective solution with the exception of one bedroom where additional funding had been secured to adapt the room appropriately. The environment had not been assessed and adapted to meet the needs of the people living there and as a result people were living in an environment that smelled unpleasant and impacted negatively on their dignity. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were other systems and structures in place to ensure that the quality of service people received was monitored and improved that had been effective. These included checks on medicines, management records and care plans. An audit of medicines had led to an additional checking measure taking place. This had made the home safer and more for people living there. Another audit had picked up the need for a residents meeting to be held and this made the home more responsive to the people living in there. Where we identified concerns during our inspection these were acknowledged and where possible addressed by the registered manager and senior staff. This showed the senior team were committed to ensuring people received safe and good quality care.

Crecy Care Home was valued by health professionals and held in high esteem by staff and relatives. People told us they thought the home was "very good". One person told us: "I like it here."

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "We work hard as a team." Another member of staff said "We treat people as we would want our own family treated." Feedback from people who were able to speak with us was that they were being successful in this aim.

Staff, professionals, people and relatives described an environment here they felt able to share any concerns and make suggestions to different members of the senior staff team. They told us they felt listened to. One relative told us: "We can be open and honest. They respect us and our relative's wishes."

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from harm because staff were not following care plans designed to reduce risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment There was a strong smell of urine in some areas of the home. The environment had not been assessed and adapted to meet the needs of the people living there and as a result people were living in an environment that smelled unpleasant and impacted negatively on their dignity.