

Crelake Care Limited

Crelake House Residential Care Home

Inspection report

Crelake House
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Crelake House Residential Care Home (thereafter referred to as Crelake House) is a residential care home that provides personal care for older people. Crelake House is registered to accommodate 27 people, at the time of the inspection 21 people lived at the service.

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

People were protected from the risk of abuse and avoidable harm as staff were aware of their safeguarding responsibilities and knew how to report any concerns.

There were sufficient numbers of staff available to meet people's needs. Staff had the knowledge and experience to care and support people living at the service. Care records were reflective of people's individual needs and risks and how these should be managed to reduce the risk of harm. People's medicines were given as prescribed. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

Staff were recruited safely and received an induction and training to ensure they could meet people's health and care requirements.

Staff understood their roles and responsibilities. Staff liaised with health and social care professionals to ensure people's health and care needs were met.

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.

Systems were in place to assess and monitor the quality and safety of the care provided. Health and safety checks of the environment and equipment were in place.

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

Rating at last inspection

The last rating for this service was good. (Published 21 February 2019).

Why we inspected

The inspection was prompted in part by a notification of an incident following which a person using the service sustained a serious injury. This incident is subject to initial inquiries to determine whether to commence a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of medicines. This inspection examined those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crelake House Residential Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Crelake House 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. Crelake House 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with the registered manager. We also spoke with five people, five relatives' and four members of staff. We reviewed a range of records. This included four people's care records and medication records, staff recruitment files and a range of audit and governance records.



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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were supported to take their medicines by trained care staff who were assessed as competent. Following a medicines incident, the registered manager had improved their daily checks to ensure people always had medicines in stock as well as ensuring all staff who administered medicines knew what medicines were on order or waiting for delivery.
- Medicines administration records were accurate and complete. Staff knew how to support people who may need a 'when required' medicine, although additional person-centred information was not always recorded in care plans. For example, alternative techniques to help reduce agitation for a person living with dementia.
- Medicines were stored securely and safely. However, one medicine could not be confirmed as being within its expiry date as it had not been dated when opened. Staff, and records confirmed this medicine was no longer needed and had not been used since at least April 2022. It was disposed of during the inspection.
- Risk assessments did not always consider the additional risk posed by some of the medicines people were taking. For example, bleeding risk for people who were taking anticoagulants, or risk assessments for self-administration of medicines.

Recommendation: We recommend that the provider ensures that risk assessments and care plans are updated to include information about people's medicines.

Staffing and recruitment

- People and their relatives told us there were enough numbers of staff to meet people's daily care and support needs. One person said, "The staff are all lovely, they come when you call." We saw staff were able to respond quickly. For example, we did not hear call bells ringing excessively and people who could not use a call bell were checked regularly.
- People were supported by a consistent team of staff. Staff knew people's needs well which enabled them to build meaningful relationships.
- Staffing levels were calculated using a dependency assessment. The registered manager calculated the hours of support required by people which ensured they had enough staffing to meet people's needs.
- Staff training was robust and included mandatory training in all key areas such as moving and handling, infection control and safeguarding. Staff told us the training was good and they felt well supported in their role.
- Systems were in place to recruit staff safely and records showed Disclosure and Barring Service (DBS) had been obtained before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps

employers make safer recruitment decisions.

- However, other information collected about candidates during the recruitment process were not always readily available. We brought this to the attention of the registered manager who took immediate action to address this and update records.

We recommend the provider ensures best practice guidelines in relation to the recruitment of staff are always followed in relation to storing and maintaining records.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely. Although we noted that staff were not wearing masks in communal areas. We discussed this with the registered manager, who provided us with assurance of how they were managing any associated risks in line with guidance and written risk assessments were in place.

We recommend the provider seeks advice from the local authority's infection prevention and control team or Public Health England around mask wearing for care staff in communal areas.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- The provider's approach for visitors to the service was in line with the current government guidance.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person commented, "The home is very good I feel very safe." A relative said, "I do feel they are safe there because [person] is happy."
- The provider had systems in place to protect people from harm or abuse. Staff had completed regular safeguarding training and refreshers and had reminders in the staff room about what process to follow.
- All staff understood what safeguarding meant and knew how to report any issues appropriately. For example, the service had made a safeguarding alert appropriately about a person's finance's and this had been managed well.
- Safeguarding concerns were reported to the local authority safeguarding team and the registered manager worked with them to ensure any issues were appropriately addressed.

Assessing risk, safety monitoring and management

- Risk assessments detailed people's specific needs and how to maintain their safety. For example, regarding moving and handling.
- Staff we spoke with explained people's individual risks and the measures they took to manage them safely.
- Environmental risk assessments were in place and health and safety checks were completed which included maintenance of equipment.
- Personal Emergency Evacuation Plans (PEEPS) were in place which detailed people's individual risks such

as their mobility. This provided assurance that people's individual risks were known, assessed and managed effectively in the event of an emergency such as a fire.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored or used as a learning opportunity in order to reduce the likelihood of re-occurrence.
- The registered manager was keen to act on feedback from the inspection in order to make further improvements to the service.

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

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 changed 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 comprehensive inspection in 2019, although improvements in quality monitoring systems and reporting procedures had been made, these improvements needed to be embedded and sustained.
- At this inspection we found the systems to monitor the quality of the service provided to people and reporting practices were in place and embedded into routines. For example, there were daily walk arounds to check the quality of care delivered.
- The registered manager had notified CQC of events which had occurred in accordance with their legal responsibilities.
- The registered manager ensured people received good care by supporting the staff team and having regular contact with both people using the service and their relatives.
- There was a clear management structure within the service. The registered manager ensured all staff received one to one supervision along with regular staff meetings. One member of staff said, "We have regular team meetings where we are listened to."
- Effective communication systems were in place between the registered manager and staff along with clear lines of responsibility across the staff team.
- The provider had policies and procedures in place to promote the smooth running of the service. For example, there were policies on safeguarding, complaints and infection control.
- The registered manager was open and honest about what improvements were required and welcomed the inspection as an opportunity to learn.

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

- The registered manager and staff promoted a positive culture and encouraged feedback regarding the care and support provided.
- People and their relatives told us the registered manager and staff team knew people well and engaged with them in a person-centred way. For example, one person was able to safely access the community on their scooter. Staff ensured the person was supported to get up earlier if they were going out. Staff were able to tell us in detail when people liked to get up and those who preferred to lie in.
- Care records we looked at demonstrated people received person-centred care and support.
- Staff told us the registered manager supported them in their job roles. They confirmed the service was well managed and that they felt valued and listened to. One member of staff said, "We have a great home. I

always enjoy coming to work. We do what we can for the residents, they are really loved."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the Duty of Candour. This requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this within their practice.

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

- Feedback from people, their relatives and staff were positive about their experience of being involved and consulted with in relation to the development of the service. For example, in relation to refurbishment of the premises.
- People and their families were communicated with to ensure the service was right for their needs and these could be met effectively.
- The registered manager and staff respected and valued people's choices and decisions.
- People were engaged in activities they enjoyed and liked to be involved in.

Continuous learning and improving care

- There was a focus on continuous learning and development through staff training, supervisions and meetings to ensure learning and improvement took place and were embedded into practice.
- The registered manager listened to and acted upon the feedback from the inspection and was open to suggestions to improve and develop systems.

Working in partnership with others

- People's care records demonstrated the registered manager made timely and appropriate referrals to health and social care professionals such as GPs and community nursing staff.
- People's care records reflected recommendations made by external professionals.