

Crowley Care Homes Limited

Crowley Care Homes Ltd - St Annes Care Home

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

St Anne's is a residential care home that provides personal care to up to 20 people aged 65 and over. On the day of the inspection they were providing a service to 19 people, one of whom was in hospital.

People's experience of using this service:

Risk assessments were in place where a need had been identified in most instances. However, we found a care related risk to one person had not been assessed and no care plan had been developed to guide staff in relation to it.

We also found one risk in relation to the building work being carried out at the service had not been identified or addressed. This was resolved during the inspection.

People's care plans were personalised to give guidance to staff on how to support people effectively. However, we found staff did not always take immediate action to respond to people when they asked for help.

People had enough to eat and drink, although, for some people who did not eat meat, options were limited and not offered routinely alongside meals for meat eaters. People were supported to attend healthcare appointments and seek medical care when needed. People's medicines were managed and administered safely by staff who were trained and assessed as competent to do so.

The premises were undergoing construction work to create more communal space at the time of the inspection. People living at the service said they were looking forward to the improvements being completed and had not felt unduly inconvenienced by the building work. At the time of the inspection, refurbishments to the existing premises had been put on hold and some of the décor and furnishings required redecoration or replacement. Some of the issues identified could have presented an infection control risk. After the inspection, the provider confirmed that work to address some of the outstanding refurbishment had started.

There were enough staff to meet people's needs during the inspection and we saw some improved engagement between staff and people using the service. Activities and events were provided more frequently, and people enjoyed opportunities to take part in community groups.

People and their relatives gave positive feedback about their experiences of living at St Anne's. They told us staff were kind and provided them with care that upheld their dignity. They were involved in discussions about their care and in developing their care plans.

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 quality manager was continuing to develop systems and processes to support improvements at the service. They were also working with staff to develop a more person-centred culture within the service, and staff were receiving supervision, guidance, support and training to drive these improvements.

Although improved since the last inspection, the governance systems in place did not pick up some issues identified on the inspection. It became clear during the inspection that the current management structure did not ensure strong management oversight of the service. Following the inspection, the provider informed us of changes to the management structure to support the necessary improvements to the service.

We made a recommendation in relation to providing more choice of meals to people who had specific dietary preferences. We made a second recommendation that the provider considered the accessible information standards and associated guidance and took action to update their practice accordingly.

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

Rating at last inspection:

The last rating for this service was requires improvement with an inadequate rating in 'Responsive' (published on 7 August 2019). There were two breaches of the Regulations. At this inspection, some improvements had been made and the provider was no longer in breach of Regulations. However, there was more work to be done to raise the overall rating for the service. Therefore, although the service is moving in a much more positive direction, the overall rating remains 'requires improvement'.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up

We will speak with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Crowley Care Homes Ltd - St Annes 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Crowley Care St Anne's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This inspection was unannounced.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with four people, two relatives/visitors, the provider, the registered manager, the quality manager, three care staff, maintenance staff, the chef and a visiting professional.

We looked at three people's care and support records. We viewed records relating to the management of the service. These included quality audits, medicine management and administration records, incident and accident records.

After the inspection:

We spoke with the provider to discuss feedback from the inspection. During this conversation they also informed us about changes they intended to make to the management structure of the service to support ongoing improvements.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Records used to monitor risks such as falls, and fluid and nutrition were kept, but records to monitor that pressure relieving equipment was set correctly were not in place. One person, who had a pressure sore, had a mattress that was incorrectly set. It was not possible to assess whether this was a cause of them developing the pressure ulcer because there was no way to tell how long the setting had been wrong.
- Where risks had been identified and assessed, the assessments were up to date and had enough detail to guide staff. However, some risks had not been identified. For example, one person who had a catheter in place had no care plan or risk assessment to guide staff on how to support them with this.
- Risk assessments had been developed to manage any risks associated with the construction work taking place. However, we saw a trailing electrical lead running across one person's bedroom from outside the window to the socket on the other side of the room. This was a trip hazard and had not been identified or assessed. The maintenance person addressed this on the day of the inspection.
- Personalised emergency evacuation plans were in place to ensure people were supported in the event of an emergency such as fire.

Preventing and controlling infection

- There was a risk of the spread of infection due to chipped paintwork and damaged or soiled furniture in some parts of the service. The maintenance staff and the quality manager confirmed they were aware of these items and that a plan was in place to address this. We reviewed a refurbishment plan which confirmed this.
- Following the inspection, the provider advised us that some progress had been made to address these issues in the week following our visit.
- A cleaning schedule was in place to ensure all areas of the building were kept clean.
- Staff followed good infection control practices and used disposable gloves and aprons to help prevent the spread of infections.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the service told us they felt safe. One person said, "Yes, I feel very safe here."
- Staff had a good understanding of what to do to make sure people were protected from physical harm or abuse. They knew how to report any concerns they had, both internally and to other bodies such as the local authority and the Care Quality Commission.

Staffing and recruitment

- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service. The quality manager told us that they were making improvements to the recruitment process to ensure staff with the right approach as well as experience were appointed.
- Staff told us they felt there was enough staff to provide safe care, although some people we spoke with disagreed. One person said, "No there's not enough of them, but what can you do? That's just how it is in these places. They work really hard though."
- Some people told us they had to wait longer than they would like for support on occasion. However, on the day of the inspection, we observed there were adequate staff to support people's needs, and people mostly did not have to wait a long time for assistance.
- The registered manager told us that, since the last inspection, they had increased the numbers of staff that were on duty at busy times of day. This was done to try to reduce the length of time people were waiting for support at these times.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had received training on how to manage and administer medicines and confirmed the provider checked their competency following training.
- Systems were in place to ensure that medicines were managed appropriately, such as stock checks and regular audits.

Learning lessons when things go wrong

- Incidents or accidents were managed effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.

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 the last inspection this key question was rated as requires improvement. At this inspection the rating for this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- People had enough to eat and drink.
- The food at lunchtime was well-presented and most people told us they enjoyed it. Staff supported people well if they required assistance to eat.
- We saw drinks and snacks were made available throughout the day.

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

- St Anne's is an older style, adapted house on three floors. At the time of the inspection there was significant construction work taking place to extend the premises and create more communal space for people.
- Although the communal space being used at the time of the inspection was unchanged since the last inspection, we found it was being used more productively. The noise level had been reduced, it was tidier and the atmosphere was calmer and more inviting.
- The provider had started work to improve the décor of the service to support the needs of people living with dementia. However, work to the original building had stopped when the extension work commenced, and some areas of the home were still tired and in need of redecoration. We discussed this with the provider and they acted quickly to make improvements.

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 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, 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Capacity assessments were in place and best interest decisions recorded, although the process for how these decisions were made and whom by was not always clear. The registered manager and the quality

manager confirmed they would take action to address this as a priority.

- People's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have choice and control of their lives, ensuring their rights were protected. The policies and systems in the service supported this practice.
- The registered manager understood their responsibility to make an application for deprivation of liberty to the authorising authority when it was considered appropriate.
- We observed that staff consulted with people and asked for their consent before providing care.

Staff support: induction, training, skills and experience

- Since the last inspection there was a focus on developing staff skills and understanding of their role. The quality manager had taken steps to increase and improve the training available to staff, both individually and as a team.
- Staff were able and expected to undertake NVQ level 2 training in specific topics such as dementia care, challenging behaviour and end of life care. These courses were much more in depth than the usual one-day training in these subjects, taking approximately six weeks to complete each module.
- Activities staff were enrolled to start Qualification and Credit Framework (QCF) level three training on Activities Provision. This was to support them to provide appropriate activities and meaningful occupation for people living with more complex support needs such as dementia.
- Staff said they completed an induction programme at the start of their employment. They told us they had shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone. The quality manager told us that all new staff completed training in line with the Care Certificate, and that they were also working towards all established staff completing this by way of refreshing and consolidating their knowledge.
- The management team and staff confirmed that there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team for additional support at any time.

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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication. This information formed the basis of a care plan to support staff to understand how to meet the person's needs. Care and support was reviewed and updated as people's needs changed.

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

- Staff made referrals to professionals such as GPs, community nurses, opticians and chiropodists as necessary. This ensured people received appropriate healthcare when required.

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating for this key question has improved to good. This meant 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

- At the last inspection we found that engagement between people and staff was limited and tended to be just about the care task being completed.
- At this inspection we saw improvements to how staff related to people living at the service. We observed some positive relationships had developed and people and staff were chatting, sharing jokes and having fun together throughout the day.
- We saw that some staff were more confident than others about engaging with people. However, we found the quality manager had plans in place to support staff to develop their skills in this area through training and role modelling.
- People and their relatives told us that staff were kind. One person said, "She [pointing at a member of staff] is really good, well, most of them are, but she's is especially." A relative said, "It is a caring home. Staff do what they can to make people comfortable and happy. It's very homely."

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

- People told us they felt involved in making decisions about their care. One person told us they were involved in making day to day decisions about their care, such as when to get up or what to wear. We saw that one person who liked to have a lie in was able to do this, and staff did not put any pressure on them to get up before they wanted to.
- People told us they had been involved in discussions about the improvements to the premises.
- Staff told us about one person who had been worried because the tree outside their room would be removed in the process of building the extension. Although this was unavoidable, the provider recognised how important this was to the person. They reassured the person that a new tree would be planted so that they could continue to enjoy the view from their window. This showed that the provider took people's views seriously and recognised the importance of their involvement in making decisions about their care and their home environment.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they tried to support people to maintain their independence by letting them do as much as they were able and wanted to for themselves.
- Staff supported people in a way that upheld their dignity. People confirmed this, saying staff maintained their privacy when delivering personal care, keeping them covered as much as possible. They also told us that staff knocked on their doors before entering their bedrooms.
- We saw information about people's care was held securely and all information held on computers was

password protected to ensure only those with a legitimate reason to view it could do so.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection the rating for this key question has improved to requires improvement. This meant people's needs were not always met.

At the last inspection we found people did not always have enough to do. There was a lack of positive engagement between people and staff, and communal space was noisy and chaotic at times. This aspect of people's care did not always take into account their individual needs, particularly for people living with dementia and/or sensory loss. These issues were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and that work to develop the service was ongoing. This meant the provider was no longer in breach of Regulation 9 but still had improvements to make.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found staff supported people in line with their care plans and understood their needs. However, they did not always take action when people asked for assistance. One person was asking for help because their skin was itching and had started to bleed where they had scratched themselves with quite long, sharp nails. Staff standing close by did not respond until an inspector drew their attention to the person, and then required further prompting from the inspector to fully meet their needs.
- Although we observed significantly improved engagement between some people and staff, we found opportunities were missed to engage with others. In particular, we found that people living with conditions that had an impact on their ability to communicate easily had little input from staff throughout the day.
- The quality manager was taking steps to develop staff skills in relation to engaging with people with more complex support needs. This included training, practice observations and mentoring.
- Care plans were detailed and included information on each aspect of the person's needs such as eating, personal care, communication and moving and handling. The information was person centred and described the way staff should support the person, with reference to the person's preferences. It was clear from these records that people and their relatives were involved in planning their care.

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.

- Construction work was underway to improve the communal space at the service and to provide room for a quiet space for people who preferred this. In the mean-time, the existing space had been tidied and sources of noise had been reduced to improve the experience for people using this room.
- The registered manager told us this had had a positive impact on one person who was living with dementia and sensory loss, who showed distress less often than they had previously. We observed this person appeared more at ease during this inspection than they had last time.

- There were regular activities offered to people and weekly visiting entertainers. We saw that people were supported to enjoy several small group activities, such as singing, and dominoes or other board games. We also saw that activity staff visited one person who was cared for in bed.
- People, their relatives and staff told us about community activities they were involved in, such as a local 'dementia café', singing, attending church lunch clubs, and taking part in local group set up by and for people who came from St Vincent.
- Staff also told us about community groups who visited the service. This included a choir at Christmas, soldiers who attended an event to mark Remembrance Day and the local brownies group. The brownies had been involved in a plan for one person to receive 100 birthday cards to celebrate their 100th birthday.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service supported people with a range of communication needs, including people living with dementia and with sensory loss. Information had not always been presented in a way that would support people's needs.

We recommend the provider considers the accessible information standards and associated guidance and takes action to update their practice accordingly.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to check the types of complaints received and to make improvements to the service.
- People and their relatives told us they knew how to make a complaint and were confident that the registered manager would take action to deal with their concerns.

End of life care and support

- Care plans included some basic information in relation to care at the end of a person's life but required more detail to ensure people's wishes were understood and followed when the time came.
- There were no people living in the service that required this level of support at the time of this inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At the last inspection we found the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (regulated Activities) Regulation 2014. This was because the provider did not have a robust auditing system that considered staff practice as well as records. Due to this, issues relating to the emotional and psychological wellbeing of people, poor engagement from staff, and adequate staffing at busy times of day, had not been identified or addressed.

At this inspection, some improvements had been made and the provider was no longer in breach of regulation 17. However, there remained work to do to meet and sustain a good standard of safe care that was responsive to people's needs.

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

- At this inspection we saw the provider had increased the numbers of staff at busy times of day to ensure people's needs could be met. Activities staff were available throughout the day to support people to have more to do.
- Most staff were engaging more positively with people and the quality manager was working with staff to develop their skills further in this area.
- The quality manager was taking the lead in driving change in the culture of the service. They had a clear approach to how they intended to do this and recognised there was still work to do to achieve and sustain the necessary improvements.
- The quality manager told us they were addressing the culture of the service through staff observation, training, mentoring and supervision. In addition to this they had reviewed the recruitment process so that staff attitude and values were considered as a priority when making decisions about who to appoint.
- The quality manager had also identified a need to develop the staff team as a group. The provider was in the process of engaging a consultant to undertake team development workshops to support this.
- The provider had a realistic view of the time required to implement effective and sustainable change to the culture of the service. Therefore, in prioritising the need to develop person centred practice they had put on hold other changes for staff, such as moving care planning to a fully electronic system.
- Staff told us they had good support and guidance from the provider, the registered manager and the quality manager.

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

regulatory requirements; How the provider understands and acts on the duty of candour.

- We found the registered manager did not have strong enough management oversight of the service to enable them to lead effectively.
- The registered manager was unable to provide clear responses to basic questions about people's needs and about the progress of improvements being made to the service.
- Systems needed to ensure safe care was provided to people were not all in place. For example, there was no system to ensure pressure relieving mattresses were set correctly.
- Although a choice of meal was offered to some people, four people who were vegetarian did not always have a suitable meal to choose from the menu.
- Kitchen staff told us they asked the four people what they would like to eat each day, but there was no evidence that they were offered a varied and healthy diet overall. The kitchen staff acknowledged this and said they would review how they were meeting the needs of these four people.

We found no evidence to indicate the four people concerned were harmed and their weight was stable, suggesting that they did have enough to eat. However, we recommend the registered manager considers good practice guidance in relation to meeting individual dietary requirements and updates their practice accordingly.

- Roles and responsibilities were not clear in relation to monitoring weight loss. One person had experienced weight loss and advice from the dietitian had not resulted in the improvements expected. There had not been any attempt to re-engage with the dietitian for further advice. In discussion with the registered manager, the deputy and the kitchen staff, it emerged that the responsibility for following this up had not been clearly communicated, and that those responsible did not know they needed to do this.
- The quality manager was developing the auditing system to drive improvement in the quality of the service provided. Still a work in progress, we found the system had been improved since the last inspection but needed further development to ensure robust oversight of the service.
- As well as monitoring records, the quality manager now also carried out practice observations and gave constructive feedback to staff about what they had seen to support staff development.
- Following the inspection, the provider informed us of plans to change the management structure of the service. This was intended to ensure stronger leadership to support the positive development of the service.

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

- There were ways for people and their relatives to make their views known including meetings and surveys. However, these did not always take into consideration the needs of people using the service who were living with dementia or sensory loss.
- People, staff and relatives told us the registered manager was very approachable and made themselves available to talk to them at any time.
- People and their relatives told us they were able to share their views about the service and were able to contribute to making improvements. They were all enthusiastic about the construction work to improve the premises and said they had been consulted about the process along the way.

Continuous learning and improving care

- We found the provider was receptive to feedback about the service provided to people at St Anne's, and showed commitment to making improvements.
- The quality manager was keen to drive improvement through supporting staff to learn and develop, seeing mistakes as opportunities to learn rather than blame.
- Staff told us that they used meetings and shift handovers to discuss issues that arose in the service to

support learning and improvements to care.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.
- The provider had worked in partnership with people, relatives, staff and the construction team to ensure the building work in progress was carried out safely and with the least disruption to people's lives as possible.