



Inspection Report on

Crick Care Home

**Crick Care Home
Crick
Caldicot
NP26 5UW**

Date Inspection Completed

16/07/2019

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Description of the service

Crick Care Home is located near Caldicot, Monmouthshire. The service provider is Gordon Avenue Investments Limited which is registered with Care Inspectorate Wales to provide a Care Home Service where a maximum of 49 people can be accommodated. The responsible individual for this service is Neil Reid. The home's current statement of purpose indicates that residential and nursing care is provided.

Summary of our findings

1. Overall assessment

People who live at the home told us that they are happy with the care and support provided. The home is attractive, comfortable and the environment meets the needs of people living there. We observed staff to be hard working, caring and responsive to people's needs. People have opportunities to take part in activities which interest them. The home's leadership team demonstrates a commitment to providing a good quality service and is currently working towards fully implementing the service provider's care planning and quality assurance systems. However, the practices and processes in the service are not yet robust enough and the service provider must take action in order to fully meet all the legislative requirements.

2. Improvements

This was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the service provider is not meeting legal requirements. These include the following: staffing, Statement of Purpose, policies & procedures, information about the service, medicines, records, information to the provider, responsible individual visits, documentation, monitoring activities and quality assurance processes and the Welsh language.

1. Well-being

Practices and processes in the service support people to be well, physically and emotionally. People using the service and their relatives told us that they are happy with the service. One feedback received was that *“the staff are very caring and welcoming. Nothing seems to be too much trouble”*. We saw that people could make choices about day-to-day matters. These included choices of how they spend their day, where they spend their day and what they eat and drink. We observed that people were offered opportunities to take part in activities. In addition, we noted that the home is spacious, clean and comfortable and provides a range of facilities to support the people living at the service to be as independent as they can be. The facilities include an attractively maintained garden with sitting areas and a range of flowers and plants which can be seen from some rooms and communal areas in the home. We found staff to be hard working and to present as caring and concerned about the well-being of residents. People living at the home looked comfortable and well cared for. There is documentation in the home for each person which outlines how their care and support is to be provided. We were told that each person also has a ‘this is me’ profile, which gives an at a glance overview of their life history, likes and dislikes. In addition to the care and support provided by staff at the home, we saw that people also receive care and support from a range of external health professionals. We saw evidence that people and their representatives had been consulted via questionnaires and that resident and relatives’ meetings are taking place. We saw that the service provider had followed the appropriate safeguarding procedure when it suspected that a person might have been at risk of abuse or neglect. However, we also found that plans are not always reviewed in a timely manner, not always person centred and that staff are not always supported to develop their skills and competencies to support people living at the service. In addition, policies and procedures were not fully completed and readily available in order to provide guidance for staff, the home’s Statement of Purpose was out of date and there was no information for service users readily available. We found instances where people’s care support had not been delivered as it should have been.

We conclude that people mostly receive the care and support they need to stay as healthy as they can be and to do things that make them happy. However, action is required to ensure that all the care and support delivered at the home is based on robust policies and procedures and is in accordance with legislative requirements so that all people can be assured that they will receive a good service which will support all aspects of their physical and emotional well-being.

2. Care and Support

People cannot be assured that they will always get the right care at the right time. We observed staff demonstrating kindness and attention through their actions; we noted that staff had a good knowledge of individual's needs. In addition, we saw that people were referred to appropriate health and social care professionals when their needs changed and that people were supported to attend routine health appointments. We saw that there is care documentation in place for each person, comprising of care plans detailing how people should be supported, risk assessments, a personal profile and monitoring charts for staff to record the care and support delivered. We did, however, observe that the new care documentation which had been introduced was still being worked on by staff. We noted that the content of the plans varied and that although some plans gave details of individual's likes dislikes and detailed instructions for staff to follow, others were of a more generic nature. We had sight of one 'this is me' profile which gives an overview of people's life history, likes and dislikes. However, the remainder of these profiles could not be located on the day of our inspection. We discussed people's care documentation with the local leadership team and had sight of the training material which had been developed to support staff who write these plans. From our review of the documentation and discussion with staff, we understood that work is ongoing but that staff were struggling to find time to complete these in a timely manner and that the senior leadership team had been made aware of this. We found that monitoring charts are not always kept/filed where they should be and identified some gaps making it difficult to assert if the right care had been delivered. We found occasions when the right care had not been delivered at the right time. Based on the above, we conclude that people are placed at risk because of a care planning and monitoring system which is still under development. The service provider must take action to ensure sufficient resources are made available to complete this work.

The service provider has some mechanisms in place to ensure people are safe and protected from neglect and abuse. Staff we spoke to were aware of the procedure to follow in order to raise a concern. We saw that staff received training in relation to safeguarding vulnerable individuals. Examination of records showed that the leadership team is familiar with the processes to follow when abuse or neglect is suspected and that they have worked collaboratively with the relevant external agencies to resolve matters. We were told that the home has a generic safeguarding policy but that it needed to be amended in order to include the information specific to the home and to the local authority in which the home is situated. Overall, people are protected but action is required to ensure that the practice at the home is underpinned by up to date and relevant policies and procedures.

Systems for medicines management are being strengthened. We examined records which showed that staff who administer medication had received training and that their competency had been assessed. We observed staff administering medication and noted that best practice was followed. We saw the home's medication policy and found that it is aligned to current legislation and current national guidance, however, it was generic and did not contain the information pertinent to the home, its service users and its staffing structure. We observed in the treatment room that some medication had not been stored and disposed of in line with policy and best practice. Staff we spoke to were unsure of the correct procedure to follow when medication must be disposed of. We observed that the administration of medication was shared between the nurse and nurse assistant on shift each day, with the nurse administering medication to people on one floor and the nurse

assistant to people on two floors. Staff and the leadership team told us that they understand that qualified nurses remained responsible at all times for the whole nursing care delivered at the home. All knew the type of medication that must always be administered by a nurse. However, observations and discussions indicated that on a daily basis the nurse did not have oversight of the medication administered to all people with nursing care needs. We discussed medication with the regional clinical manager and received assurances that they would review the policy to ensure it is specific to the home and clearly outlines how medicines are managed in the home. We concluded that there are systems in place with regard to the management of medication, however improvements are needed to ensure medication practices are consistently safe.

3. Environment

People's well-being is uplifted from having access to a clean, comfortable and safe living environment, which is attractively decorated. The home offers a range of options for people to spend their time in communal or private areas. We observed that people were spending time individually or communally with other people. We saw that the home has a separate dining room and a spacious lounge comprising of three areas. We noted that all these offer views of and direct access to the garden which is attractively maintained with accessible sitting areas and a range of flowers and plants. We observed one person asking staff to position their chair by the door in such a way that they could see outside and watch TV. The person told us that they enjoyed sitting there as they were inside but were getting fresh air from the outside. We saw a number of bedrooms which were personalised with photographs and keepsakes. The manager told us that people can personalise their room as they wish and can bring in their own furniture. We also noted that people leave personal items in the communal areas; these items included books, newspapers and knitting supplies. There are two rooms in the home which can be used as shared rooms however these are currently used as single rooms. We observed that people have access to specialist aids and equipment to meet their individual needs and we noted that external agencies are involved to give specialist advice. Furthermore, we saw that the home employs an estate manager and that there are systems in place to plan maintenance and renewal activities in relation to the fabric and decoration of the premises. During our inspection visits we found that not all records were stored securely. We discussed this with the manager and noted that they took immediate action to ensure confidential records were stored securely. We concluded that people's well-being is enhanced by having access to a clean, pleasant environment which is a relaxing place to live.

The home's environment is safe and secure. Upon arrival at the home, we found the entrance to the home to be locked and our identity was checked before entering the property. We saw that a visitor book is used. We had sight of the home's health and safety records and saw that there is a process in place to ensure safety checks are all completed in a timely manner. These include gas, electrical, fire, hoists and other specialist equipment. In addition, we saw that each service user has a personal emergency evacuation plan. We carried out a visual inspection of the home and found it to be mostly hazard free. We found a cupboard containing cleaning material unlocked and brought it to staff's attention who we noted were fully aware of the correct procedure and locked the cupboard immediately. A small door opening onto a roof space was also unlocked, this was brought to the attention of the manager who again took immediate action. In relation to food hygiene we noted that the Food Standard Agency (FSA) gave the home a 3 star rating (satisfactory). The manager informed us that they have taken on board the FSA's recommendation and that they will ask for a re-assessment. Based on the above we concluded that the service provider identifies and mitigates risks in order to ensure people's safety and security.

4. Leadership and Management

People are not provided with accurate information about the service. A Statement of Purpose which accurately describes the service provided, states how the services will be provided and states the arrangements to support the delivery of the services needs to be available. We found that the home's Statement of Purpose contained inaccuracies and out of date information including the name of the manager, the number of people who can be accommodated at the home, the composition of the staff and leadership team and the number of nurses on shift every day. In addition, a written guide must be made available to individuals, the placing authority and any representatives. We were told that a service user guide has not yet been prepared but that people are advised to check the home's website. We reviewed the information on the website and found that it did not provide all the required information, furthermore it contained a link to the version of the Statement of Purpose described above which was not fully accurate. We noted that the Statement of Purpose was reviewed after our first inspection visit. We concluded that people are not provided with sufficient accurate information about the service to make informed choices.

People are supported by a staffing structure which is being embedded. We saw that all staff were attentive to service users' needs and observed that they also took time to respond to relatives' queries. The manager and lead nurse showed enthusiasm for their roles, commitment and a good understanding of the service delivery areas which needed to be developed and improved. However, we received feedback from nurses, nurse assistants and manager that more staffing resources were required in order for them to complete their respective duties including care plans, supervisions and audits. Examination of personnel records showed that staff in leadership positions and nursing assistants have been appointed to their positions in the service in the last eight months and have not previously held similar positions. In addition, we noted the manager is not registered with Social Care Wales as required. We discussed our concerns with the responsible individual and asked them to demonstrate the way in which they determined staffing required. They assured us that there was a sufficient number of experienced and capable staff deployed in the home. They also gave us the tools used to determine staffing levels at the home. We recommend the range of these tools to be developed to enable sound decisions to be made in relation to staffing levels and in relation to ensuring that the right mix of skills, experience, knowledge and competency are available at all time.

Furthermore, we found that the service provider does not have arrangements in place to ensure all staff are supported and developed. Staff fed back that they are supported by the manager, the lead nurse and colleagues. The manager told us that they receive support from the regional clinical manager and the responsible individual. Nursing assistants described the induction they received, this included training, shadow shifts and their competency being assessed. However, an examination of records showed that not all staff have received regular supervision and induction. We noted that the content, scope and depth of some supervisions and inductions did not reflect the grade of the post holder. In addition, annual appraisals have not been carried out and staff do not have a training needs analysis. We concluded that the service provider does not have, in place, a structure of management and staffing to meet all the legal requirements and to ensure that it supports staff sufficiently in order for them to be sufficiently equipped to make positive contributions to the wellbeing of individuals using the service. A non-compliance notice has been issued in relation to this, details can be found at the back of this report.

The home has arrangements for staff recruitment but these are not as strong as they could be. We examined twelve staff recruitment records and found that the relevant criminal disclosure checks had been carried out. However, we found that employment histories were not always complete, that the required employment references had not always been obtained and where a person had previously worked in a position whose duties involved working with vulnerable adults, verification of the reason why the employment ended had not been checked. We concluded that people are not as safe as they could be and that the service provider is not meeting all of the legal requirements.

The service provider has some arrangements in place for monitoring the quality of care and support provided by the service. The manager explained that quality assurance measures were in place and provided us with documentary evidence. These include key performance indicators and environmental audits. They also explained that they attend a regional monthly management meetings where performance of the home is reviewed and actions are agreed with the responsible individual. We saw the results of questionnaires which were distributed and completed by service users and relatives. We saw that responses were collated into graphs but that the figures were not analysed. We recommend that an analysis be carried out along with actions to show that all responses have been considered. Staff told us that the responsible individual visits the home on a monthly basis. The last report following these visits was dated 14 January 2019. We asked about the last quality of care review and were given an action plan that was last updated on 24 May 2019. We noted that the action plan identifies procedures and processes which required improvements and what actions had been taken and which ones were still outstanding. However we noted that this plan did not consider and review the actual care and support as it is experienced by service users and also did not consider staff's experiences. We concluded that people receive a service from a provider that sets high standards for itself, however it needs to review its processes and procedures to ensure that there are regular reviews of the actual care and support delivered at the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

Not applicable, this was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

During this inspection, we identified areas where Gordon Avenue Investments Ltd is not meeting the legal requirements and this is resulting in potential risks and poor outcomes for some people using the service. Therefore we have issued non-compliance notices in relation to the following:

- Supporting and developing staff – (Regulation 36 (2) (a) (b) (c))

Details of the actions required are set out in the non-compliance report attached.

We have also advised Gordon Avenue Investments Ltd that improvements are needed in relation to the following areas in order to fully meet the legal requirements. We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service and because we noted that the service provider has already taken actions to update its processes, the Statement of Purpose and Policies and Procedures:

- Staffing – overarching requirements (Regulation 34 (4)). The service provider had not ensured that arrangements were made for the support and development of staff.
- Statement of Purpose (Regulation 7). The service provider had not ensured that it was kept under review and revised when a new manager was appointed and when changes to staffing arrangements were made.
- Fitness of staff (Regulation 35). The service provider had not ensured that all staff had provided full and satisfactory information or documentation in relation to each of the matters listed in Part 1 of the Schedule 1. Information missing included references, full employment histories, reasons why previous employment supporting vulnerable adults ended and evidence of linguistic abilities.
- Policies and Procedures (Regulation 12 (a) (b) (c)). The service provider had not ensured that the content of the policies and procedures which are required to be in place are appropriate to the needs of the individuals for whom care and support is provided, consistent with the statement of purpose and kept up to date.
- Information about the service (Regulation 19 (1)). The service provider had not prepared a written guide to the service.
- Medicines (Regulation 58 (2) (b) (c) (3)). The service provider had not ensured the effective disposal of medicines and the regular auditing of the storage and administration of medicines. In addition, the service provider did not have a policy and procedure, which was fully completed and specific to the home. A revised policy has been submitted to CIW since the last inspection visit.
- Records (59 (2) (b)). The service provider had not kept all records securely stored

In addition, we made the following recommendations:

- The responsible individual should consider how they can evidence that they provide the required information to the provider (as required under Regulation 75).
- The responsible individual to ensure it has systems in place to provide evidence that visits (required under Regulation 73) are logged and documented.
- The service provider should consider how the documents produced are dated. The date on which an event occurred should be clear and unquestionable.
- Monitoring activities and quality assurance processes. The service provider should review its processes to ensure it can promptly identify for themselves when legal requirements are not met. Monitoring activities must enable the service provider to satisfy themselves that all service users are treated with dignity and respect at all times. In addition, the service provider should explore why it is the perception of some employees that there is an insufficient number of personnel deployed.
- The service to consider further the Welsh Government's *"More than just words: Follow-on strategic framework for Welsh language in social care"*.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made two unannounced visits to the home on 10 July 2019 between 9:40 and 17:00 and on 16 July 2019 between 8:30 and 15:30.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We considered the information held by us about the service.
- We reviewed the home's Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for people they care for.
- We carried out a visual inspection of the home to consider the internal and external environment.
- Discussions with manager, clinical regional manager, lead nurse, and responsible individual.
- We spoke to people living at the home, one relative and five members of staff.
- We spoke with three commissioners.
- We examined the care documentation of six people.
- We examined the personnel files of twelve staff.
- We considered staff induction, training records and matrix.
- We viewed a sample of rotas over a four-week period.
- We considered records relating to the home's internal auditing records.
- We reviewed the home's action plan, which was last reviewed in May 2019.
- We considered the last responsible individual report dated
- We considered the monthly management meeting minutes, which took place in 2019.
- We considered of the home's policies and procedures.
- We carried out observations of care practices and routines at the home.
- We used Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We received two questionnaires from staff and one from a relative.
- We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights. <https://careinspectorate.wales/sites/default/files/2018-04/180419humanrightsen.pdf>

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	GORDON AVENUE INVESTMENTS LIMITED
Manager	A manager is in post, they are not registered with Social Care Wales.
Registered maximum number of places	49
Date of previous Care Inspectorate Wales inspection	First inspection under The Regulation and Inspection of Social Care (Wales) Act 2016
Dates of this Inspection visit(s)	10/07/2019 and 16/07/19
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No This is a service that does not provide an 'Active Offer' of the Welsh Language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use, their service. We recommend that the service provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'.
Additional Information:	

Date Published 13/09/2019

Care Inspectorate Wales
The Regulation and Inspection of Social Care (Wales) Act 2016
Non Compliance Notice

Care Home Service

This notice sets out where your service is not compliant with the regulations. You, as the service provider, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CIW's website
www.careinspectorate.wales

**Crick Care Home
Crick
Caldicot
NP26 5UW**

Date of publication:
Friday 13th September 2019

Care and Development	Our Ref: NONCON 8082
Non-compliance identified at this inspection	
Timescale for completion	31/10/2019
Description of non-compliance/Action to be taken	
Regulation number	
The service provider has failed to ensure that any person working at the service receives an induction appropriate to their role: receives appropriate supervision and appraisal; receives core training appropriate to the work to be performed by them.	Part 10 - Regulation 36 (2) (a) (b) (c).
Evidence	
<p>The service provider is not compliant with Part 10 – Regulation 36 (2) (a) (b) (c) in relation to ensuring that any that any person working at the service receives an induction appropriate to their role: receives appropriate supervision and appraisal; receives core training appropriate to the work to be performed by them.</p> <p>This is because we saw that staff don't all receive an induction appropriate to their role; have not all been made aware of their own responsibilities and those of other staff and staff don't receive appropriate supervision and appraisal.</p> <p>The evidence includes:</p> <p>Staff all spoke about people they can approach when required. This included the manager who told us they can always contact the responsible individual and regional clinical manager, and staff who spoke highly of the manager being approachable and helpful. However, we found that the service provider did not have sufficient arrangements in place for the support and development of staff. In addition, we found that the arrangements in place did not take into account the needs of staff new in posts.</p> <ul style="list-style-type: none"> - Staff told us that they wanted <i>“more training/induction for new staff so that standards can be maintained”</i>. - Staff told us <i>“great manager that is supportive and makes time to talk to all staff”</i>. - An action plan last reviewed 24 May 2019 shows that a new induction system is due to be developed by the 30 June 2019 and that appraisals are due to start in July 2019. - Examination of records and discussion with staff confirmed that appraisals are not taking place. 	

- An action plan last reviewed 24 May 2019, notes that “more training for the nurses and seniors carers due to gaps in their knowledge and understanding”. Due completion date 31 July 2019.
- The minutes of the January 2019 monthly management meeting states that “the kitchen has recently had an inspection. Not all staff were appropriately trained resulting in a reduction in the kitchen rating” (Food Hygiene rating).
- A blank induction record provided has the title ‘Crick Care Home’ however the welcome is to another home. We noted that the content does not cover Social Care Wales’s requirements. There is no mention of safeguarding procedures or complaints.
- We observed that at the time of our visits there was no agreement in writing between the responsible individual and the manager to outline clear lines of accountability, delegation and responsibility. In addition, they had no current contract of employment.
- One nurse told us they could not remember when they last had a supervision. They said they have them about three times a year.
- An induction record shows that the lead nurse had an induction on 15 January 2019. One sheet records a basic introduction of the home (includes timesheets, walk around home, door code, sign in book, shift times). Another sheet ‘nurse duties’ contains 32 areas of work to be deferred to other members of staff but does not show any detail. It also lists other duties including medication, controlled drugs, medication audits, medication competencies, duty to report, nursing assistant supervisions, nurse supervision, safeguarding meetings, assessments. No details provided.
- The two last supervision records on one nurse’s file were dated 4 August 2018 and 10 July 2018.
- The last supervision record on one nurse’s file was 2 August 2018.
- The supervision matrix provided showed next supervision dates as being in 2006, 2016, 2017 and 2018. 52 staff show as having an overdue supervision, 19 as due in July and August and September 2019. The manager told us that carers’ supervisions are still behind, she asked for additional support.
- There were no supervision or induction records on the manager’s file (since they took on the manager’s position). The manager told us that they were due to have a supervision 17 July 2019.
- The manager told us that they asked the responsible individual for proper induction, the responsible individual told them that they will arrange this.
- The supervision records for the manager (relating to their employment as business support officer) shows discrepancies with dates and content:
 - o Document 1 dated the 15/11/18 (showing on top sheet). Date and time of meeting

showing as 13/07/18. Signature showing as 15/11/18.

- Document 2 dated the 31/10/18 (showing on top sheet). Date and time of meeting showing as 13/07/18. Signature showing as 13/07/18.
 - Document 3 dated the 13/07/18 (showing on top sheet). Date and time of meeting showing as 13/07/18. Signature showing as 13/07/18. Content of document 3 is identical to the content of document 2.
- A new training system is due to be implemented by the end of July.
 - Current training records consist of a list of who has competed what and what is outstanding. There is no system in place to show the service provider what training is up to date and what is required. The information can be extracted but this places additional time demands upon the manager

The impact on people using the service is that they are not always cared for and supported by staff who are equipped to be confident in their roles and practice and therefore not always able to make a positive contribution to their well-being. The service provider must take urgent action in order to meet its legal obligations.

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