



Inspection Report on

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

Date Inspection Completed

31/10/2022

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About Crick Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	GORDON AVENUE INVESTMENTS LIMITED
Registered places	49
Language of the service	English
Previous Care Inspectorate Wales inspection	19th May, 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Crick Care Home supports people who have nursing needs, require residential care or respite services. Since our last inspection, a new manager has been appointed to run the service.

People living at the home were complimentary of the service. The home is spacious and well maintained with a welcoming and accessible outside space. The communal living area is in the process of refurbishment. The service has arrangements in place to ensure effective management and is currently recruiting care staff. The responsible individual (RI) maintains oversight of the service, visits regularly, talks to people and keeps in contact with the manager.

We have identified areas of improvement in relation to people's care and support, personal plans, care staff recruitment and development, and health and safety. We expect the service providers to address these matters by our next inspection.

Well-being

There is a service user's guide which sets out what people can expect from the service. People have choice and control over their daily lives as much as possible and can choose where to spend their time. We saw some people prefer to stay in their rooms, whilst others spend time in the communal areas. Themed activities were planned for the day of the inspection, though rescheduled due to unforeseen circumstances. We therefore did not see evidence of activities taking place in the communal area or with people whose preference was to remain in their rooms. We were told an additional activity co-ordinator has been recruited, with plans to recruit two more. Care staff told us of personalised activities that had been arranged, such as visiting bikers for a birthday celebration.

Care workers generally treat people with dignity and respect and people mostly receive appropriate, kind, and caring support from their care workers who are familiar with their needs. However, on the day of the inspection, we observed an isolated incident where care was not provided with respect and sensitivity. We saw people socialising and engaging with care workers and other people and regular family visits are promoted. People told us the care staff are 'good' although 'occasionally very busy'. People also told us the food is good and they have choice over meals '*there is at least a choice of two main meals and two supper meals*'. Catering staff are knowledgeable of people's dietary needs.

Systems are in place to safeguard people; however, some processes were not adequate to ensure people are always kept safe. Staff we spoke with have a good understanding of how to report matters of a safeguarding nature. Medication systems are being reviewed and enhanced by the manager and clinical team.

The environment provides a clean, homely, and comfortable feel. Routine maintenance and repairs are on-going. The communal living area is in the process of refurbishment.

Care and Support

Service providers recognise the importance of care staff consistency when working with people living with dementia. People mostly receive appropriate, kind, and caring support from their care workers who are familiar with their needs. Care staff told us *'we give as good a care as we can. We enjoy what we are doing'*. We saw staff employing manual handling techniques as outlined in their training and we observed staff explaining the support they would be providing clearly and offering reassurance to people. Care staff support people to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day. Catering staff are knowledgeable of people's dietary needs and who requires fortified meals and call bells are responded to in a swift manner.

The process for admitting new people into the service is well planned. The clinical lead completes suitability assessments prior to people moving into the home. On the day of the inspection, we noted that a few people did not have their names on their bedroom doors. This process is key upon admission to ensure correct care and to promote dignity and respect. This is particularly important for people receiving short term care and support.

The care needs of people are documented though we saw gaps in people's records. People's personal plans were not always fully completed and lacked a person-centred focus on each person's likes, dislikes, and aspirations. Reviews of care plans are timely, however there is no evidence that people or their representatives are involved in these reviews. This information is key to ensuring individuals' outcomes are being met. While no immediate action is required, these are areas of improvement, and we expect the provider to act on them.

Where people lack the mental capacity to make important decisions relating to their lives, we did not see evidence that timely assessments and applications are made for expired Deprivation of Liberty Safeguard (DoLS) authorisations. This information is key to ensuring that the care and support delivered is appropriate for people. While no immediate action is required, these are areas of improvement, and we expect the provider to act.

Detailed records of incidents are maintained, and safeguarding referrals are completed when necessary. Care workers have completed safeguarding training and have a good understanding of how to report matters of a safeguarding nature. Infection control arrangements are in place. Hand sanitising stations are accessible throughout the home. Medication audits are completed regularly, and controlled drugs are accurately recorded and stored safely. Records we checked were completed accurately, however the effects of some *'as required'* medication was not documented. The provider has identified deficits in medication via a recent audit and has taken effective remedial actions to address these. The provider is reviewing their medication practices, with further external support and

training for care workers being provided. The provider has given reassurances that the new embedded practices will be sustained.

Environment

The environment is comfortable, clean, tidy, and well maintained. The reception to the home is welcoming and secure. We observed visitors being greeted by senior staff who are situated in the manager's office in the reception area. This provides informal opportunities for feedback and engagement with people. There is sufficient space for individuals to spend time alone or socialise with others in the communal living area which is in the process of refurbishment. People's bedrooms are personalised to their own tastes, individuals have photographs, pictures, and ornaments on display. The bathrooms are spacious and well equipped.

The service promotes hygienic practices and manages the risk of infection. All care staff have received infection prevention and control training. We saw Personal Protective Equipment (PPE) and hand sanitising stations located around the home. The service has a current food standards agency (FSA) rating of 5 which defines hygiene standards as very good. Routine maintenance is taking place with the necessary equipment checks conducted. Specialist equipment is also routinely checked and maintained. Visitors are required to securely sign-in to the building.

The service has an up-to-date fire risk assessment in place. External specialists are used to ensure the service meets legal requirements. We saw that refresher fire safety training, fire evacuation training and fire marshal training has been procured for care staff. People have a personal emergency evacuation plan to guide care staff on how to support them to safely leave the premises in the case of an emergency. However, we did not see sufficient oversight to ensure weekly fire checks were up to date. This is an area for improvement, and while no immediate action is required, we expect the provider to act and will follow this up at our next inspection.

Leadership and Management

The service has an up-to-date statement of purpose (SOP), which is reflective of the service people receive. The RI visits the service within the required timescales and spends time talking with people and staff. The RI identifies issues and actions are agreed. The Quality of Care review is completed every six months and contains an analysis of data with clear action points, identifying any areas which require further development, and how this could be achieved.

A new manager has been appointed to oversee the day to day running of the home. The manager is registered with the workforce regulator, Social Care Wales. The manager is in regular communication with the Responsible Individual (RI) and wider support team and has implemented an action plan to address identified shortfalls in the service. Time is required for the manager to implement these changes.

The service provider is currently recruiting additional care staff. There was a sufficient number of care staff on duty to support people, with agency care and nursing staff being used when required. Staff told us the management team are approachable and always there to help and support staff when required.

Not all staff personnel records contain all the information required by regulations to ensure they are safe and fit to work at the service. Some files we checked did not have full employment histories recorded, reasons for leaving previous employment with vulnerable adults, evidence of qualifications, sufficient references, or evidence of satisfactory linguistic ability for the purposes of providing care and support. Disclosure and Barring Security (DBS) checks are in place and current. We were told that care staff are awaiting registration with Social Care Wales, which has been delayed due to administration difficulties. We were told this is currently an area of focus and priority. These are areas for improvement, and while no immediate action is required, we expect the provider to act and will follow this up at our next inspection.

Newly appointed care staff complete a thorough induction programme which includes training and shadow shifts. Care staff training records indicate care staff have access to a variety of training opportunities, and most care staff have completed a good level of training. We saw evidence of care staff requesting training and this being sought by management. However, there are gaps in staff training, such as dementia awareness. There are also gaps in timely staff supervision and appraisal. These are areas for improvement, and while no immediate action is required, we expect the provider to act and will follow this up at our next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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15	Personal plans were not clear on how people would be supported to achieve their personal outcomes.	New
21	The service provider is not ensuring that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	New
57	The service provider did not ensure that any risks to the health and safety of individuals were identified and reduced so far as reasonably practicable.	New
35	Not all staff personnel records contain all the information required by regulations to ensure they are safe and fit to work at the Service.	New
36	The Service Provider does not ensure that staff receive appropriate supervision and appraisal.	New

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