

Somerset Care Limited

Critchill Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Critchill Court is a residential care home registered to provide accommodation and personal care for up to 46 people. There are two parts to the home; Tree Tops and Cedar Oaks. Cedar Oaks can accommodate 12 people and Tree Tops can accommodate 34 people. At the time of the inspection there were 36 people living in the home.

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

People, their relatives and staff told us people were safe living at Critchill Court. Staff knew how to recognise and report abuse. Risks to people were assessed and mitigated. There were enough staff to meet people's needs and staff were recruited safely.

People were given their medicines safely. There were a range of health and safety checks in place to ensure the environment was safe. Learning from incidents and accidents was cascaded to the team. There were appropriate infection control measures in place.

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.

People enjoyed the food and the mealtime experience was positive. People's healthcare needs were met and planned for. Staff received a timetable of training; some staff required refresher training in some subjects, the registered manager had a plan in place to address this. Staff supervisions and appraisals had been identified as an area to improve, the registered manager had a plan in place to address this. Staff felt supported. The environment was suitable for people living with dementia.

People had access to a wide range of activities to keep them active, involved and stimulated. People and their relatives felt able to raise any concerns. There were plans in place to improve people's end of life care plans.

There were effective systems in place to monitor the quality and safety of the service. People, their relatives and staff were positive about the management of the service. People liked living at Critchill court and commented positively about the staff team. There was a positive culture within the service, staff said morale had improved and were passionate about the people they supported.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 June 2019) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Critchill Court

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 was carried out by one inspector, a member of the medicines team 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

Critchill Court 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. Critchill Court 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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 reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people and 6 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 members of staff including the registered manager, deputy manager and the providers senior management team. We received feedback from 1 visiting professionals who worked with the home.

We reviewed a range of records. This included 6 people's care records. We checked 12 people's medicines records and associated care records. We also looked at arrangements for administering, storing and managing medicines. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection in April 2019 we found the provider had failed to sufficiently mitigate risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12.

- Risks to people had been assessed and recorded. People had individual risk assessments that were updated with any actions required following incidents.
- Where people had specific risks relating to health conditions, guidance for staff was recorded in their care plans. We identified one person's care plan where the guidance for staff, whilst correct, could be misinterpreted. The registered manager amended this during the inspection to ensure the care plan was clear.
- We reviewed examples of risk management plans in relation to health conditions, people mobilising, deterioration in mental health, risks of developing pressure ulcers and moving and handling.
- Some people could become anxious which could lead to incidents where they posed harm to themselves or others. There were plans in place giving staff guidance on how to respond, including if people declined personal care. Staff told us incidents were manageable and they had the right skills and training to manage them. One person told us, "If someone is upset it will only be about 1 to 1 ½ minutes before a carer will check that they are alright."
- Health and safety checks were completed in the home, such as ensuring the fire alarm system and equipment were checked and serviced. Along with safety checks on the gas, water and electricity.
- Regular fire drills and testing of the alarm system were undertaken. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.

At our last inspection in April 2019 we found the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12.

Using medicines safely

- Where medicines were prescribed to be taken 'when required' there was person-centred guidance for staff for when these should be given. However, we found one instance of the directions on the MAR chart not matching other directions recorded in care plans. This could have led to a risk of the medicine not being given correctly. The registered manager took immediate action and amended this during the inspection.

- Creams and external preparations were recorded on separate sheets when they were applied. These had directions and body maps to guide staff where they should be applied. There were some gaps in these records. However, a new recording system was about to be introduced which should lead to improvements.
- People were given their medicines safely.
- Staff recorded on electronic Medicines Administration Charts (MARs) when people's medicines were administered. These records showed people received their medicines in the way prescribed.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security.
- Staff had training in safe medicines handling. They also had competency checks to make sure they gave medicine safely. These were in the process of being renewed.
- Regular medicines audits were completed, and we saw that areas for improvement were identified and actions taken.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. People and their relatives told us people were safe at Critchill Court. One person told us, "I am safe." Comments from relatives included, "I have no worries, she's safe, well looked after, and if there are any issues they ring me," and "[Name of person] is safe, and they treat him with respect and dignity."
- There were systems in place to protect people from abuse. Staff were aware of the systems and they told us they would report any concerns through the appropriate channels. Staff received safeguarding training. Some staff members required refresher training for safeguarding and the registered manager confirmed their plans for staff to complete this.
- Staff were aware of the whistle blowing procedure and they could report any concerns outside of the organisation if there was a need to.
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required.

Staffing and recruitment

- We received some mixed feedback from people and relatives regarding the staffing levels at the home. Most comments stated there were enough staff. One person told us, "There are enough staff to go around," another commented, "There are not enough staff around especially in the afternoons."
- Staff told us staffing was sufficient, they said they were busy at times but shifts were mainly covered. One staff member said, "Normally we have enough staff, we use agency we have two that are pretty good."
- We reviewed the staffing rotas and shifts were covered. The provider used a dependency tool to determine staffing numbers which was reviewed monthly.
- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We reviewed one staff members file where there was a discrepancy on a reference, we discussed this with the providers senior management and they took action to address this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- 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.

Visiting in care homes

The service was conducting care home visits in line with government guidance. There were no restrictions on visiting.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The registered manager reviewed all incidents, and these were uploaded to the provider's system. Monthly meetings were held to analyse incidents so that any themes and trends could be identified and to prevent further incidents. The registered manager showed us evidence of incidents reducing based on actions taken.
- Staff told us any learning from incidents was shared via handovers and daily meetings.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home. This information formed the basis of their care plan.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed in the plans. Staff followed guidance in relation to people's identified health needs. During our conversations with staff it was evident they understood people's needs.

Staff support: induction, training, skills and experience

- Staff told us they received one to one supervision to receive feedback and discuss any concerns. Some staff commented they had not received supervision in a while. The registered manager confirmed staff supervision and appraisals was an area they were focusing on to ensure all staff received regular one to one supervision. Staff told us they felt supported and the provider had a range of supervision tools they used to support staff, these included feedback sessions and observations of staff practice.
- People told us staff had the right skills and knowledge to support them.
- Staff told us their training was good. One staff member told us, "Training is good." Staff received training relevant to their role. Subjects covered included a range of mandatory topics and other topics relating to people specific needs. These included; health conditions, dementia and supporting people at the end of their lives.
- Some staff required refresher training. The registered manager had a clear plan in place to ensure staff received refresher training in these areas.
- Staff received an induction when they started working for the service. The induction was aligned to The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People told us they liked the food provided. One person told us, "The food is quite nice, you have a choice every day." Another person commented, "The food is good."
- People had enough to eat and drink and they were given a choice of meals each day. There were two meal options on the menu.
- People's preferences and dietary needs were recorded in their care plans, in the kitchen and discussed with the cook. Input from specialists was included where required. Dietary needs were assessed and recorded which included; health conditions, allergies and where there may be a risk of choking.

- Our observations of the mealtime experience were positive. Staff were attentive and offered support where required. People were offered a choice of two meals and staff showed people these to enable them to choose. Throughout the inspection we observed people had access to drinks in their rooms.
- People also had access to snacks and drinks in communal areas. In Tree Tops there was an activities café with a snack station and people could make their own drinks and help themselves to snacks.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors, the mental health team and district nurses. People and their relatives arranged appointments such as dentist and opticians.
- A visiting health professional commented that staff were good at seeking their input when needed.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers.

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

- The home was purpose built and laid out over one floor. There were various smaller lounges and seating areas throughout the home for people to use.
- There was signage outside of rooms to indicate what they were, for example, the dining room and lounge. The toilet doors were a different colour. People had pictures on their bedroom doors to support them to navigate to these areas.
- People were encouraged to have their personal belongings with them in their bedrooms.
- The home was accessible for people who needed support with their mobility. Level access was given to outside spaces and secure gardens for people to enjoy.

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 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 MCA. In care homes, and some hospitals, 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were able to make day to day decisions about their care and support, as long as they were given the right information, at the right time, in the right way. There were few restrictions placed on people
- The home met the requirements of the MCA. MCA assessments had been carried out where necessary in relation to people's care and support needs. This meant that people's rights were fully protected.
- Where the home had found that a person lacked the capacity to make a specific decision it was followed up with best interest meetings. The meetings or discussions involved the person, those closest to them and professionals involved in their care.
- People told us staff asked for their consent before supporting them and providing their care. We observed staff seeking consent and offering choices during the inspection.

- The registered manager and deputy manager had identified where people were being deprived of their liberty. They had applied for this to be authorised under the DoLS.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

At our last inspection in April 2019 we found improvements were required to ensure people received care that met their needs and preferences. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 9.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans, which gave staff details about their individual communication needs.
- The registered manager told us if anyone had a disability or sensory loss they would adapt information to meet their needs. They gave examples of how staff had written information for one person who had sensory loss to enable them to understand information.
- Information around the home was displayed in picture and written formats to aid people's understanding.
- Staff knew people well and supported people in ways they preferred and met their communication needs.
- People had care plans detailing their care and support needs. We received some mixed feedback from people and their relatives relating to their knowledge of the care plans. We fed this back to the registered manager, who said this would be addressed. We also saw evidence of care plans being discussed with people.
- The quality of the care plans had improved since our last inspection. The provider was introducing a new digital care planning system during our inspection. Most of the staff we spoke with were positive about the change. Care reviews were arranged with people and their families annually. People were asked for feedback on their experience on living at the home on an ongoing basis.
- People were supported to bath or shower when they wanted. One person told us, "You can have a bath whenever you want." If a person was regularly declining personal care, there were plans in place to support them with this.

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

- People had access to a range of activities that were arranged in the home. Some of the activities were held in the activities café in Tree Tops, people from Cedar Oaks were encouraged to attend these activities.
- People told us they enjoyed the activities and there was enough going on in the home. One person told us, "The entertainment staff are fantastic I couldn't recommend it enough." Another person commented, "There is plenty going on."
- There was a schedule of activities available, these included, exercise sessions, pamper sessions, reading, reminiscing, arts and crafts and a Sunday religious service.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would speak to staff or the registered manager if they had a complaint. One person told us, "If you are not happy, they will sort it out."
- The provider had a complaints policy and procedure in place. Where complaints had been raised these were investigated and responded to in line with the providers policy. The registered manager and provider had an overview of all complaints received.

End of life care and support

- Planning for people's end of life care and support was an area the service had recognised for development. This had been identified by the providers audit which identified treatment escalation plans were completed with input from relatives, however some of the conversations had been difficult due to the sensitive nature. Therefore, information was not always obtainable.
- In response to this the provider had reviewed their policy and documentation and additional training was being arranged for staff to support these conversations.
- At the time of the inspection no one living at Critchill Court was receiving end of life care.

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.

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

- There was a positive and person centred culture within the service. The registered manager was passionate about the service and people achieving positive outcomes. The registered manager felt well supported by their line manager and the provider.
- People were happy living at Critchill Court and gave positive feedback about the service. One person told us, "It's lovely, you know that they [Staff] are here, but they don't interfere, there if you need them. I can't praise it enough. It's very nice here, I really like it." A relative told us, "I have no worries, [Name of person] is well looked after, the place has a lovely feel."
- Staff told us morale had improved and it was currently good and they worked well together as a team. One staff member told us, "Overall we are a happy team and we all get on."
- People and their relatives knew who the registered manager was and felt able to approach them. One relative told us, "I have seen the [registered] manager, there have never been any issues."
- Staff commented positively about the registered manager and deputy manager. One staff member told us, "We have a good manager and deputy manager." Another staff member commented, "You can definitely approach [Name of registered manager], they helped on shift once and they were amazing. The deputy manager is good too."

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 the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

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

- There were systems in place to monitor the standards of the service. The systems were effective in identifying any shortfalls and ensuring action was taken to rectify these.
- The registered manager and provider had a range of quality assurance checks in place, areas covered included; health and safety, training, safeguarding, falls, call bells, incidents and medicines.
- The providers quality team also completed a range of audits including a 'Key Line of Enquiry' audit that aligned to the CQC key lines of enquiry.
- There was a clear management structure in place. Roles and responsibilities within the team had been defined.

- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- People and their relatives told us communication in the home was good, they were kept up to date and informed of any issues or incidents promptly.
- People were asked for their feedback via twice yearly meetings, these meetings were audited to ensure any feedback was followed up. Themed conversations were also held with people every 3 months to receive feedback. Areas covered included; food, activities, staffing and involvement in the service.
- Staff were asked for feedback through an annual survey. Following the most recent survey the registered manager had arranged a meeting with staff to enable them to share their thoughts and views.
- There were systems in place to communicate messages to the staff team. Daily meetings were held with all departments to receive any updates and share information, daily handovers were also held at each change of shift. Team meetings were held periodically, staff told us they were able to speak up in these meetings and felt listened to.

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to review and learn from any incidents. They demonstrated where in response to the learning incidents had reduced. Staff told us learning from incidents was discussed and shared amongst the team.
- The registered manager told us weekly meetings were held with the providers other managers in the area to provide support, share learning and good practice.
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, the mental health team and district nurses.
- The service also linked with a local school to create a pen pal arrangement between people and children. They also had links to a local supermarket who provided fresh flowers for the home.