

Annual Inspection Report 2022-2023

LV Crovan Court

Adult Care Home

25 & 27 October 2022



DHSC

We carried out this announced inspection on 25 & 27 October 2022. The inspection was led by an inspector from the Registration and Inspection team who was supported by two inspectors.

Service and service type

Crovan Court is an adult care home. The home provides residential and nursing care for up to a maximum of fifty two residents. At the time of our inspection there were forty two residents using the service.

The home provides accommodation across two floors. All bedrooms are en suite. There are also communal lounges, together with informal seating areas within the home. A dining room is available on each floor where residents are free to take their meals. Bedrooms are furnished with residents' possessions as they wish.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

We found a number of areas in which improvements needed to be made. These related to risk assessments, care plans, quality assurance and medication. We also found that there were some issues relating to the cleanliness of the home.

- Residents generally reported the care to be good.
- Families told us that it was "a home from home" and their family member was treated "with compassion and love."
- Positive interactions were observed between staff and residents, with reassurance given as necessary.
- We had mixed feedback as to the staffing levels within the home. Some people told us that there was definitely staff shortages at certain times.

At this inspection we found improvements had been made in response to the previous inspection.

About the service

The service is registered as an adult care home able to accommodate up to fifty two service users. It provides care and support to people who require both residential and nursing care.

Registered manager status

The service has a registered manager. 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

Inspection activity started on 14 October 2022. We undertook an unannounced out of hours spot visit on that date in relation to concerns raised. We then visited the location's service on 25 & 27 October 2022. This was an unannounced inspection.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

During the initial out of hours visit, we talked with people about concerns raised regarding staffing. These concerns were subsequently discussed with the manager. A selection of records were seen on inspection. These included people's care records, staff recruitment checks and health and safety checks. A variety of documents relating to the management of the service were also viewed. We spent time discussing the service with the manager. We also spoke with six service users, seven staff and a family member. We spent time observing the interactions between staff and residents.

After the inspection

We spoke with four family members following the inspection. We also received email feedback from a member of staff about their experience of providing care within the home.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires improvements in this area.

This service was found to be safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The service had a variety of measures in place. Safeguarding policies and procedures, together with safeguarding training, was in place. Staff were able to tell us what they would do if they had any concerns about treatment of residents or staff.

There had been a couple of safeguarding concerns raised in the home. Several actions had been recommended as part of the investigation outcome. On inspection these were found to have been addressed or part of an ongoing progress. These areas have been incorporated into the areas for improvement.

Notification of events forms had been submitted as appropriate. Staff DBS (Disclosure and Barring Checks) had all been reviewed.

Assessing risk, safety monitoring and management

A variety of health and safety checks, including electrical safety, equipment safety, legionella testing and fire safety measures were all in place.

PEEPS (Personal Emergency Evacuation Plans) had not all been appropriately reviewed. First aid boxes had not all been fully checked.

Staffing and recruitment

Concerns had been raised to the Registration and Inspection Team regarding the staffing levels in the home. A number of staff and residents were spoken to during the inspection. We had mixed feedback as to whether there were always enough staff on duty. Some of the comments we received from residents were as follows; "Yes there is; seem to be; sometimes. Sometimes there is a twenty minute wait to use the toilet." "Need more staff." "A bit of a wait when I ring the call bell." Again staff feedback was mixed; "Staffing levels are not good. "There is good times and bad times." "There is no time with residents."

In response to concerns, an unannounced out of hours visit had taken place. Time was spent talking with residents about whether they felt safe and were confident that call bells would be responded to quickly. Again the feedback was mixed. We were told by residents that some staff seemed very stretched. During the inspection we observed interactions between staff and residents. We saw a staff member offer reassurance to a resident, and competent moving and handling practices being carried out.

We looked at recruitment records relating to new staff since the last inspection. There were omissions in paperwork, for example with regard to one required reference being in place.

Using medication safely

A medication policy was in place. Medication storage was secure, and MARS (Medication Administration Record Sheets) were in place. Medication training had been undertaken by all staff, and the majority of staff had completed medication competency assessments. We discussed including a "what if" scenario when assessing staff competency. Medication risk

assessment for self administration of medication was in place. Medication reviews had been requested for residents. We saw that, for example, medication care plans had been reviewed regularly for one resident, but we did not see any evidence that the resident or their representative had been invited to any meetings. If this was not possible, then this needs to be stated on review documentation. We found that medication was left out for residents whose care plans stated that they should be observed taking their medication. We also saw evidence of a cream which was for a resident in another resident's room.

Preventing and controlling infection

The home was generally clean and tidy. However, on closer inspection, surfaces were found to be dirty and dusty in a resident's room. There was also seen to be marked flooring in a couple of floors which needed replacing. There was only one housekeeper in post at the time of the inspection, although we were informed that another housekeeper had been recruited. Personal Protective Equipment (PPE) stations were in place on each floor. Cleaning schedules were provided to the inspector. We asked about product safety data sheets, but housekeeping staff were unaware of where these were kept. We were subsequently provided with these after the inspection. We did not see any evidence of curtain cleaning schedules in the home.

Evidence of recorded hot holding temperatures and fridge and freezer temperatures were in place.

Learning lessons when things go wrong

We discussed safeguarding concerns that had been raised with the manager. We saw evidence that outcomes of meetings had been discussed with staff. We have incorporated the learning into the areas of improvement included in the report.

Action we require the provider to take

Key areas for improvement:

- All PEEPS (Personal Emergency Evacuation Plans) must be appropriately reviewed.
- First aid boxes must be regularly checked.
- All pre-employment checks must be fully documented.
- Evidence must be in place of the resident or their representative being invited to review meetings.
- Medication administration must be in line with the care plan to reflect a resident's personal choice.
- All medication must be used solely for the resident for whom it is prescribed.
- Curtain cleaning schedules must be in place.

Inspection Findings

C2 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. The service requires improvements in this area.

This service was found to be effective in accordance with the inspection framework.

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

Pre admission assessments were seen on inspection. There was some discrepancy between the risk assessments and identified needs being translated into care plans. We were also told of information in care plans not being accurate, for example, with regard to behaviour.

Some information which was contained in care plans had no evidence of being identified in the risk assessments. We were told about staff working in a non-discriminatory way towards all residents. Some residents made use of technology.

Staff support; induction, training, skills and experience

Staff supervisions and appraisals were not all up to date. Staff told us that they had not received regular supervision, but they generally confirmed that the induction they had received was “good.”

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

We were told by kitchen staff that a meal plan questionnaire was completed when a new resident arrived at the home. Residents’ individual requirements were recorded. Menus were varied and accommodated people’s specific dietary needs. We saw evidence of the need for thickeners being recorded in care plans. We saw detailed information in care plans regarding support in feeding; however on inspection we saw that this was not always translated into risk assessments, nor carried out in practice.

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

We saw care plans which identified health needs. We saw other professionals were involved in the ongoing health needs of residents. We were told of a delay to a resident receiving a follow-up health check, but this was due to other factors within the health service.

People’s needs met by the adaptation, design and decoration of premises

During the inspection residents’ rooms were seen. These were individually furnished and were able to accommodate hoists etc. Corridors were wide enough to accommodate wheelchairs.

Ensuring consent to care and treatment always sought in line with law and guidance

We saw capacity assessments had been carried out as applicable. Best interests meetings had also been held and documented. We were told that no restraint was used in the home.

Action we require the provider to take

Key areas for improvement

- - Care plans must contain accurate information.
 - Information contained in risk assessments must be used to inform care plans.
 - Supervisions and appraisals must be up to date.

Inspection Findings

C3 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. The service requires improvements in this area.

This service was found to be caring in accordance with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity

We saw staff treating residents with kindness during the inspection. Staff took time with residents who needed reassurance. Residents were very complimentary about the care provided; "I am very pleased with care." "Couldn't fault the staff." Family members told us it was "a home from home." Staff however did tell us that when staffing levels were low, "there is no time to spend with residents."

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

We saw little evidence that residents or their families had been involved in the creation and review of care plans. Monthly resident meetings had been held, with meals forming part of the agenda.

Respecting and promoting people's privacy, dignity and independence

Residents told us that they were treated with dignity by staff. Staff told us they cared with "patience. Respecting their wishes." Residents told us that they were encouraged to do what they could for themselves.

Action we require the provider to take

Key areas for improvement

- - Residents and their family members must be involved in the creation and review of care plans as appropriate.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service requires improvements in this area.

This service was found to be responsive in accordance with the inspection framework.

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

We looked at care plans and risk assessments during the inspection. Documented needs were not always correct. We found that information was not always updated to reflect current need. We heard about how the home had helped a family to celebrate a resident’s life. We were also told about how the home was accommodating people with various needs.

Meeting people’s communication needs

We saw communication needs were included in care plans and risk assessments. We were told of residents with specific need and how these were met.

Improving care quality in response to complaints or concerns

As part of the inspection process, we undertook an unannounced visit to the home. This was in response to concerns raised. We saw that the concern had been addressed. We discussed concerns also raised regarding staffing levels with the manager and we were informed of an active recruitment drive in progress.

End of life care and support

We were told by a family member that the home had provided “wonderful” care for their relative at the end of their lives. The home had information regarding DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) for residents as applicable.

Action we require the provider to take

Key areas for improvement

- - Care plans must be updated as appropriate to reflect current need.

C5 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. The service requires improvements in this area.

This service was found to be well-led.

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

We were told during our inspection that some staff felt they didn't have time to do everything that was necessary, for example, read the care notes of a new resident. We talked with the manager about staff experience and were told of measures to recruit staff. We were told by family members of a resident being involved in the activities within the home.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

A registered manager was in place. Appropriate insurance cover was in place. We saw evidence that management had raised issues with staff following safeguarding concerns. Notification of Events forms had been submitted as required. Information was securely stored.

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

We saw minutes from team meetings for staff where discussions had taken place. Family feedback told us that the home "keep me informed" as to their relative's care. We were also told that families felt "listened to" when they had brought up any issues.

How does the service continuously learn, improve, innovate and ensure sustainability

We saw the quality report completed regarding the home. We were told that some of the various audits which were included had not been carried out. These included the medication audit, monthly mealtime experience audits and observations of care. We were also told that there was no compliments file in place to feed into the quality assurance process.

Working in partnership with others

We were told of the home working with a variety of other agencies. Information had been shared appropriately.

Action we require the provider to take

Key areas for improvement

- All planned audits must be carried out as appropriate.
- A compliments file must be in place to feed into the quality assurance process.