



Inspection Report on

Crick Care Home

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

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

26/03/2024

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About Crick Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Crick Care Home Limited
Registered places	49
Language of the service	Both
Previous Care Inspectorate Wales inspection	First inspection
Does this service promote Welsh language and culture?	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

People are happy with the care and support they receive. We observed people are settled and appear content. There are opportunities for them to take part in activities on a daily basis. Care and nursing staff are safely recruited, trained and supported. They work effectively in collaboration with health care professionals to meet a range of care and support needs. People have personal care plans and risk assessments in place.

There is an effective and visible management structure in the service. The manager of the service is visible and trusted by staff and people who use the service

The home's service provider changed last year, and this inspection was the first under the new ownership. People who use the service and staff reported a smooth transition and highlighted various improvements. We saw the service provider has systems to oversee the service and to make improvements. The responsible individual (RI) visits the service on a regular basis and completes the necessary reports.

The home provides people with suitable accommodation which feels homely and reflects individuals' needs and interests. Routine maintenance procedures are in place and there is evidence of recent investment to update and improve the environment.

Well-being

Individuals can do things which matter to them and that they enjoy. We observed them making everyday decisions including when to get up, when to have breakfast, where and how to spend their day. We saw people pursuing individual activities such as reading and saw others socialising. An activity coordinator is on shift most days, they offer a programme of activities and support to people who require it to take part. Nearly all people told us they enjoy the food. We observed a choice of meals being served and people enjoying them. Records show the service provider seeks feedback from people who use the service and from their families and that they receive positive feedback.

People are supported to remain as healthy as possible. The nursing team oversees and provides people's day-to-day nursing care needs. They also arrange appointments with external health professionals for regular checks, or if an individual's needs change. Care staff ensure people eat and drink well by helping them if they need assistance. They assist people with their personal care and with taking care of their appearance. Families and friends visits are encouraged and facilitated when necessary. We noted some people spoke to us about the friendships they have with other people who also live in the home. These, along with stimulating activities and good relationships with care staff, help to support people's emotional health.

Measures are in place to protect people from abuse and neglect. Care staff are trained in safeguarding and have policies and procedures to guide them. Discussions with people show they know who to approach if they are worried about anything. The manager liaises with relevant agencies to ensure any restrictions placed on a person's liberty are only in their best interests. People are assessed prior to moving into the home to consider the suitability of the accommodation and of the level of care which can be provided. The home provides people with suitable accommodation which reflects individuals' needs and interests and where there are good standards of hygiene.

Care and Support

People are comfortable and well. Staff are attentive and provide care to people as detailed in their personal plans. Staff are encouraging and reassuring and demonstrate a clear understanding of people's needs. One person told us "*People are very good here, no problem at all, carers are polite and helpful*", another person said "*All very good, carers work so hard*". People have choices about activities and daily routines. One person spoke to us about their daily routine which includes spending time using an electronic tablet to read and connect with others, going for walks and meeting with people for lunch. They told us the food is very good. At lunchtime, we observed warm interactions between care workers and people and naturally occurring discussions. We saw care workers provide one-to-one support to some people to eat and give some assistance to others when this is necessary. We observed people have access to drinks throughout the day. We also noted people can call care workers for assistance via the call bell system.

The manager and deputy manager consider a range of information about prospective residents prior to them coming to live there. Electronic personal plans reflect information gathered from people, their relatives and health professionals. There is also easy to read information for each person, which gives a summary of what matters to people and how they want and need to be supported. We saw people's records comprise of several documents, contain what is required and personal plans are regularly reviewed. We noted the information care and nursing staff need is not consistently recorded in the same sections of the documentation. We discussed this with the manager and the RI. They advised they have started work and are continuing this work to ensure all staff consistently record people's information in the same locations. This will make it easier for all staff to quickly access the information.

Care staff electronically record all care and support they deliver each day to each person. This includes recording what people eat and drink, and support with personal care. Senior staff review the information recorded and when necessary, make referrals to external health professionals. We did not fully review these records because of external technical issues. We will review these at our next inspection. We noted families can access their relative's electronic records remotely. This enables them to read people's personal plans and the records of the care and support delivered.

Environment

People live in an environment which meets their needs and promotes their well-being. The accommodation includes communal areas including a large open plan lounge, a dining room and accessible outdoor areas. People's bedrooms are personalised and reflect their own needs and interests. The layout of the home, together with the provision of aids and adaptations helps to promote people's independence. We observed people choose where to spend time. We also saw evidence of recent investment in the environment, this includes re-decoration of some bedrooms and some new flooring. The RI told us they are continuing to complete work in the home to upgrade the environment. There is ongoing work in the lounge area. The RI explained the area is being divided into smaller sections which will each be dedicated to a certain type of activity and include busy and quieter spaces for people to choose from.

There are systems in place to identify and deal with risks to people's health and safety. Staff at the home carry out regular health and safety checks. External contractors carry out specialist checks. The manager explained the new provider commissioned external health and safety audits when they took over and have commissioned work to address outstanding and new issues identified. They advised most of it has been completed and the rest is in the process of being completed. This work includes replacement of fire doors. One person showed us the door to their relative's bedroom was not closing. We brought this to the attention of the maintenance person and the manager; they explained the work is in the queue of outstanding work. We noted the work was completed before the end of our inspection visit. The home has a food hygiene rating of five which means that the standards are very good.

Infection control arrangements are in place. We observed staff using appropriate personal protective equipment (PPE) during our inspection visit. This equipment and hand sanitiser is available throughout the home. The standards of cleanliness in the home are good.

Leadership and Management

The service provider has good arrangements in place to support the smooth running of the service. The RI maintains oversight of the service. They visit the service on a regular basis and have ongoing contact with the manager. The manager is a registered social care manager and they take responsibility for the day-to-day running of the service. They are assisted by a deputy manager/clinical lead. The RI knows what is going on in the service and they review all aspects of the service delivered. This includes reviewing records and audits completed. We also noted they speak to people who use the service, their relatives and staff. Their findings are included in the quality of care reviews. The RI explained they have introduced an additional quality assurance process. A manager from one of their other homes will be visiting the home on a monthly basis to carry out some audits, share their experience with staff and provide another perspective. Likewise the manager of the service will visit another service once a month.

People are supported by staff who are vetted, trained, supported and developed. The records we examined show that the provider carries out the necessary checks when recruiting staff. New staff receive an induction in line with Social Care Wales (SCW)'s requirements and the manager supports them to register with SCW. Staff receive training relevant to their roles. Staff told us they feel supported by the manager, and they know the RI. They also reported there is more stability because there is less staff turnover. The manager explained staffing levels are kept under review and have increased as the occupancy level has increased. The rotas show, and we were told, daily nursing care is provided by a nurse and two nurse assistants. One person explained to us, the workload of the nurse is manageable but is under tension, increasingly so as the number of people who use the service goes up. We discussed the number of nurses on duty as occupancy levels approach the home's maximum. The RI and manager assured us they will consider staff's feedback and review staffing levels as necessary.

Nearly all staff receive supervision. We noted the manager regularly meets with the RI for one-to-one discussions but there are no records of these sessions. We also found the clinical lead has not had clinical supervisions which are required for a registered nurse. The RI assured us they have asked a suitably qualified nurse who works for them in another service to carry these out and assured us all supervisions will be recorded.

There is good oversight of financial arrangements and investment in the service. There is evidence the new service provider has invested in repairs and upgrades to the environment. Staffing levels on the day of the inspection and on viewed rotas appear appropriate to meet the needs of people. One person who uses the service told us since the change of ownership, they are given better continence aids which gives them a greater degree of independence.

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