

Creedy Number 1 Limited

Creedy House

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Creedy House is a residential care home providing personal and nursing care to 42 older people who may be living with dementia at the time of the inspection. The service can support up to 44 people in one large extended building. The service had two units called The House and The Lodge.

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

People told us, and they appeared happy and safe living in the service. Potential risks to people's health, safety and welfare had been assessed and there was guidance for staff to reduce the risks.

Accidents and incidents had been recorded, analysed and action taken to reduce the risk of them happening again. The action taken had been effective as they had not happened again.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff had received training appropriate to their role. Nurses had received training to keep their clinical skills up to date. Staff received supervision and appraisals to develop their skills to meet people's needs.

Staff monitored people's health and referred them to appropriate healthcare professionals. Staff followed their guidance to keep people as healthy as possible. Medicines were managed safely, and people received them as prescribed.

People were supported to eat a balanced diet. People had access to activities that they enjoyed and were supported to stay as active as possible.

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 met with the registered manager before they moved into the service to make sure staff were able to meet their needs. Each person had a care plan containing details of their choices and preferences. People, where possible, or their relatives had been involved in planning their care. People were given information in a way they could understand.

People and relatives had been asked their opinions on the service. Checks and audits had been completed on the quality of the service and action had been taken when shortfalls were found. The registered manager attended local forums to keep up to date with develops in social care to continuously improve the service.

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 15 December 2018) and there were

three 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 was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.
Details are in our caring 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 ●

Creedy House

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 Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors on the first day and one inspector on the second day.

Service and service type

Creedy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

Not all the people living at the service were able to speak with us. We spoke with three people who used the

service and four relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, nurse, senior care worker, care workers and activity co-ordinators. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection sufficient checks to explore the employment history of potential staff members had not been completed. At this inspection systems had been put in place to ensure that checks were consistently completed.
- There were now full employment histories for all new employees. Other pre-employment checks had been completed including Disclosure and Barring Service criminal record check and written references. These were all completed before staff began work at the service.
- There were sufficient staff to meet people's needs. The registered manager calculated the number of staff required according to people's needs. Staff told us as the number of people had increased so had the number of staff. Agency staff were employed when staff were unable to cover sickness or annual leave. The registered manager told us they tried to have the same agency staff to provide consistency for people.
- People told us there were enough staff. One person said, "Sometimes when you buzz for them they come and say they are busy doing something or other, but they always come back when they say they will, you never have to wait more than five minutes".

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that action had been taken to mitigate risks. This was a breach of regulation 12 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Previously there had not been guidance for staff about how to manage people's health care when they were unwell. There was now guidance in place for when people became unwell including people who were living with diabetes. There was guidance about the signs and symptoms of high and low blood sugar. There

was detailed information on how to support people if they became unwell including if they received their nutrition via a tube.

- At the last inspection, when people had not drunk the recommended amount of fluid. Action had not been taken to reduce the risk of dehydration. At this inspection, people's recommended fluid intake had been assessed. Each person had their own recommended amount with reference to their age and health needs. People were now drinking their recommended amount, when they had not action had been effective.
- Checks and audits had been completed on the environment and equipment to make sure it was safe. Regular checks were completed on the fire equipment and staff attended fire drills. Water temperatures had been checked to make sure they were at a safe level to reduce the risk of scalding.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to check for any patterns or trends. There was a flow chart in place for staff to follow so they knew what action to take when there had been an accident. Each incident had an investigation form which included information about the circumstances and the action taken. When incidents had happened, the GP had been notified and people's medicines had been reviewed. A management plan had been put in place to reduce the risk of it happening again.
- The registered manager had oversight of accidents and incidents. They signed the investigation sheet to confirm the action taken. The action taken had been effective as accidents had not been repeated and incidents had reduced.

Using medicines safely

- Medicines were managed safely. There were clear systems in place for the ordering, storage and administration of medicines. People received their medicines as prescribed. Some people were prescribed 'when required' medicines such as medicines for anxiety and agitation. There were protocols in place for when to give the medicines and how much to give. Records showed that staff had followed the guidance.
- Medicines were stored correctly. Staff checked the temperature of the room and refrigerator where medicines were stored. This was to ensure medicines were stored at the correct temperature to remain effective. Liquid medicines stored in bottles have a limited time to be used once they are opened. Staff had dated the bottles when opened so staff knew when to stop using the medicine.
- Nurses administered people's medicines. Their competency was checked yearly. We observed a medicine round, people were supported to take their medicine in their own time. Staff were patient and kind when speaking to people.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and discrimination. Staff had received training and could describe the action they would take if they had any concerns. Staff were confident the registered manager would take appropriate action. Staff understood the whistle blowing policy and who to contact if they thought action had not been taken to keep people safe.
- The registered manager understood their responsibilities to keep people safe. Concerns had been reported appropriately to the local safeguarding authority when required. The registered manager had worked with other agencies to keep people safe.

Preventing and controlling infection

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service.
- Staff had received training in preventing infection. We observed staff using gloves and aprons appropriately throughout the inspection.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 met with the registered manager before they came to live at the service. This was to check that staff and the service could meet the person's needs. The registered manager told us, they also considered if they would fit in with the people already living at the service. They said a clash of personalities could affect people's behaviour and the atmosphere in service. We observed groups of people spending time together and enjoying each other's company.
- The pre-admission assessment covered all areas of people's lives including their physical and mental health needs. People's cultural, spiritual and sexual orientation were considered and discussed with people and their family to make sure staff could support them.
- People's needs were assessed using recognised tools. These were used in line with guidance from national organisations such as the National Institute of Clinical Excellence. These assessments were used as guidance to plan people's care and support.

Staff support: induction, training, skills and experience

- New staff received an induction. This included essential training such as moving and handling and shadow shifts. Staff worked with senior carers to learn about people's choices and preferences. Staff told us, "I asked to have an extra week to shadow the senior as I was not confident. The registered manager made sure I had this, I felt supported and confident when I did work by myself."
- Staff received training appropriate to their needs. Staff received face to face and distance learning training. Staff told us their training was updated when required. Senior staff had received 'Train the trainer' training so they could provide moving and handling training and support. Nurses had received support and training to meet the requirements of their revalidation and remain up to date with their clinical skills.
- Staff received regular supervision and appraisal to discuss their practice and development needs. The management team completed competency checks on nurses and care staff. Any shortfalls were addressed immediately with supervision and an improvement plan.

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

- People were supported to eat a balanced diet. People had a choice of meals and were offered an alternative if they did not like the choice. There were snacks available throughout the day. Staff told us, "People are on the go all the time and need lots of calories. People eat the snacks as they walk around."
- Some people required a special diet such as puree or soft, these were catered for. We observed the lunchtime meal, all meals looked hot and appetising. People who required assistance with their meals were assisted by staff. We observed staff sitting with people, letting them eat at their own pace. Staff reminded people to slow down or to chew more before they swallowed, following the guidance in the person's care

plan.

- Some people received their nutrition through a tube into their stomach. Nurses managed their nutrition as prescribed. They made sure they received enough water and the correct amount of nutrition.

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

- Staff monitored people's health and referred them to health care professionals when people's needs changed. People had been referred to the dietician when they had lost weight. Staff followed the guidance provided, we observed people being supported to have their nutritional supplements. When people had difficulty swallowing they had been referred to the speech and language therapist. Staff were observed thickening people's fluids in line with the guidance given. Relatives told us, staff supported people to have the diet they needed such as puree and soft diet.
- People had access to health professionals such as dentists and opticians. There were oral health care plans in place and staff understood how to support people with their oral health. During the inspection, one person was supported to attend a hospital appointment to check their eyes. Nurses liaised with the district nurses about the management of wounds and the dressings to be used. Nurses told us this support had been supportive and helpful to healing people's wounds.
- People were supported to be as active as possible. They had access and were supported to take part in physical activity. People came into the service to provide chair exercises and sport related activities. Staff told us people were involved whatever their capabilities.

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

- The service was a large converted house that had been extended. The Lodge is a unit all on one level and the House has three floors. There was a lift to all floors, so people could access all the service. People had access to the garden, this was being developed so people could use the garden most of the year. This included a permanent gazebo and paving.
- The Lodge had been decorated in line with the best practice guidelines for supporting people living with dementia. The maintenance person had researched the colours that should be used around the building and how the environment could be improved. They had plans to develop the environment by building a shop front, train station and sea scene with a touch board.
- People's rooms had been decorated in line with people's choices and preferences. People's doors had a photograph of them and a brief description of their likes and dislikes. Some people had memory boxes outside their room with items important to them.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood how to support people to make their own decisions. Staff understood how people communicated and how they needed information to be given. We observed people being supported to make decisions. This included where they wanted to spend their time and what they wanted to eat.
- Some people had DoLS authorisations in place. When conditions had been placed on the authorisations, these had been met. There was a system in place to make sure that authorisations were applied for appropriately and in a timely manner.
- When people were unable to make their own decisions, these were made in the person's best interests. These decisions involved people who knew the person best and considering their previous preferences. These decisions were recorded to show how the decisions had been made.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. One person told us, "You get treated like a human being not a piece of furniture." We observed people being treated with patience and kindness. Staff knew how to approach people and adjusted their manner accordingly.
- We observed staff spending time with people. Staff chatted to people while they were in the lounge. People appeared to be happy in staff company. People were supported to do things in their own time, staff stayed with people while they enjoyed their drinks. Staff supported people as they preferred. One relative told us, "The staff are very patient, they know how to manage him, they let him be him."
- People's beliefs were supported. There were regular church services held at the service. The registered manager understood the need to support people's beliefs.

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

- Where people were able to, they were encouraged to express their views about their care and support. Life histories had been completed by people or their relatives, with information about their choices and preferences. These were used to help make decisions when people were unable to.
- Relatives had been involved in developing their relative's care plan and had reviewed them regularly. The registered manager told us there was not a way at present to record this on the electronic care plan system. They agreed to investigate if this could be updated on the system. Relatives had confirmed in the recent quality assurance survey they had been involved with developing their relatives care plan.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff treated people with respect. One relative said, "Staff are very caring and respectful of residents." Another told us, "They greet him when they come into the room, that is important to me." We observed staff knocking on people's doors and waiting to be asked in.
- People were supported to be as independent as possible. We observed staff supporting people with their meal. They showed people how to use their spoon and people then copied them to continue eating their meal. Staff supported people to complete tasks by offering encouragement and showing them what to do, rather than doing the task for them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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

- At our last inspection, not all the care plans had been updated to reflect people's choices and preferences. The care plans had not always reflected the care being given. At this inspection care plans were now accurate and reflected people's needs. Care plans contained detailed information about people's choices and preferences. For example, how people's routines were important to them and how this affected them if staff did not stick to them.
- Care plans included information about when people liked to go to bed and when they liked to get up. When people had behaviours that could challenge, there was guidance for staff about how to support people to reduce the triggers. Staff explained to us how they supported them and how they recognised the triggers. They explained they followed the guidance on how to approach people and this had helped to reduce people's distress.
- Staff knew about people's choices and preferences including if they preferred to be supported by male or female carers. Staff respected people's decisions and people were supported by the staff they preferred. One relative told us, "They do not just care for the person, they care about the person."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they could understand. There was information displayed around the service in pictorial form.
- There were signs around the service in pictorial form to assist people to find their way around the service independently. The chef had taken photos of the meals provided so people could decide what meal they wanted.

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

- At this inspection further improvements had been made to the activities available for people to take part in. The registered manager told us, they were working with the activity staff to develop activities in line with guidance for people living with dementia. Changes had already been made and there were plans for this to continue.
- There were now arts and crafts sessions, people's pictures had been displayed in the lounge. Staff told us

people had become more engaged in the art activities and wanted to take part. There were now chair exercises and sport activity which people appeared to enjoy. We observed people taking part in ball throwing activity and they appeared to be enjoying themselves. Other activities included singing, dancing and pet therapy. The registered manager told us they enjoyed dancing with people, as people always appeared to be really enjoying themselves.

- People who stayed in their rooms had one to one visits in the morning. The activities co-ordinator told us how they read to people and chatted with them or just sat with them.
- Relatives told us that they could visit anytime, and staff always made them feel welcome. People told us they had visits from family and one person said they had been home for three visits and was hoping to go again soon. Their relative confirmed that staff helped to organise these visits and a carer of choice accompanied them to ensure their needs were met whilst at home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. When complaints had been made, they had been recorded and investigated following the provider's policy. The registered manager had met with complainants to address the issues and agree outcomes.
- The outcome of the complaints had been recorded and where possible used to improve the service. One complaint had been about the level of staffing. Following the complaint, staffing levels had been reviewed and increased.
- People told us they knew how to complain. One person told us, "I will speak to the registered manager."

End of life care and support

- Staff supported people at the end of their lives. Where possible people were asked about their end of life wishes, if not their relatives were asked. When people were happy to discuss this, their wishes had been recorded and a care plan was developed.
- When people became frail they were reviewed by their GP. People's medicines were reviewed so they met people's needs. Medicines to keep people comfortable were made available. Staff worked with other professionals such as the hospice to provide 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service and making improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously checks and audits had not been effective at identifying the shortfalls found at the inspection. At this inspection improvements had been made. Outside consultants completed monthly and quarterly audits covering the whole service. When the audits had identified shortfalls, an action plan had been put in place. The registered manager signed the action plan when it was completed.
- Staff completed regular audits covering medicines and care plans. Action had been taken immediately to rectify any shortfalls found. The audits had been effective, and the previous breaches of regulation had been met.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the entrance of the service and on the provider's website.

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

- Staff promoted a person-centred approach to people's care and support. People were involved where possible in developing their care.
- Staff told us the service had improved the way they involved people and their relatives in developing care. The atmosphere in the service was relaxed and calm, people appeared to be comfortable in their environment. One relative told us, "They give you the impression they want to get it right", "The manager and her team are very receptive to feedback, I have raised things and they have dealt with them."

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

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy. Staff told us they felt supported by the registered manager and could discuss their concerns with them. People appeared to be comfortable with the registered manager. They greeted them with a smile and touched their arm. The registered manager spoke knowledgeably about people's needs and the care they were given.
- When incidents had happened, the registered manager had been open and honest with people, relatives and staff. The service had worked with other agencies to put strategies in place to reduce the risk of them happening again.
- Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious incident, so CQC can check that appropriate action was taken to prevent people from further harm. The registered manager had submitted all notification as required and in a timely manner.

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

- People and relatives were invited to regular meetings. People were kept informed of changes within the service, including staff and their roles. Issues important to people were discussed such as the laundry and communication with the nurses. Changes had been made to address these issues. There was now an email address to contact the nurses directly, so queries could be answered quickly.
- People, relatives and professionals had completed a survey about the quality of the service. The results had been analysed and were available in reception for people to view. The results had been mainly positive, where suggestions had been made a plan had been put in place. This included more activities and using the garden more. Improvements could already be seen in the service.
- Staff attended regular meetings and had completed a survey. Staff meetings were arranged for each staff group, to discuss issues relevant to them. When issues were discussed staff were supported to make suggestions and these were used to develop the service. For example, nurses completed checks on people's fluid intake. These had been completed at 11am but staff thought this was too early and had now been changed to 3pm.

Continuous learning and improving care; Working in partnership with others

- The service had created links with the community. A local children's dance troop, the New Romney singers and the local church had visited the service. The registered manager told us people appeared to really enjoy these visits.
- The registered manager attended local forums to keep up to date with changes within social care. They received updates from national organisations including Skills for Care. The registered manager had updated, and the deputy manager was completing a mentorship course. This will enable the service to support nursing students within the service.
- The registered manager attended meetings with the managers of the provider's other services. They discussed how to implement changes and staff training such as the implementation of guidelines including those on equality and the LGBT community.