Apex Care Homes Limited

Crescent Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was unannounced and took place on 26 March 2015.

Crescent Nursing Home provides nursing care for up to 28 people with a range of physical and psychological needs, including dementia, mental health and learning disabilities. There were 25 people living at the service when we visited.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the home's infection control procedure was not appropriately followed. Appropriate standards of cleanliness and hygiene of the environment were not maintained within the home. You can see what action we told the provider to take at the back of the full version of the report.

Staff demonstrated a good understanding of what abuse meant and how to report any suspected abuse.

Summary of findings

There were risk assessments in place to support people to maintain their independence and to minimise any potential risks of harm.

Sufficient numbers of suitable staff were employed to keep people safe and to meet their assessed needs. Safe recruitment practices were being followed.

People were supported to take their medicines safely; however, the practice to ensure that handwritten entries on the medication administration record [MAR] sheets were countersigned was not consistent.

Staff were provided with induction and on-going training. There was a supervision and appraisal framework in place.

People's consent to care and treatment was sought. Where there were concerns around people's capacity to make decisions, best interest meetings were held.

People were provided with adequate amounts of food and drinks and menu choices were discussed with them.

People had access to healthcare facilities if needed and were supported by other healthcare professionals.

Staff spent time interacting and communicating with people to ensure they understood what was happening around them.

People's privacy and dignity were promoted. The home did not have any restrictions on visiting.

People's needs were assessed prior to them coming to live at the home. The information obtained from the needs assessment was used to develop the care plan.

People were encouraged to raise concerns. The complaints procedure was accessible to people in an appropriate format.

The registered manager operated an open door policy. People and their relatives were able to make suggestions on the quality of the care provided.

There was a quality assurance system in place which was used to obtain feedback, monitor performance and manage risks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Appropriate standards of cleanliness and hygiene of the environment were not maintained within the home

People were protected from avoidable harm and abuse by staff who knew how to report concerns.

There were risk management plans in place to promote and protect people's safety.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were supported by staff to take their medicines safely. The practice to ensure that handwritten entries on the medication administration record sheets were countersigned was not always consistent.

Is the service effective?

Good

The service was effective

People received care from staff who were knowledgeable to carry out their roles and responsibilities.

Consent to provide care and support to people was sought in line with current legislation.

People were supported by staff to eat and drink and to maintain a balanced diet.

Staff supported people to maintain good health and to access health care facilities when required.

Is the service caring?

Good

The service was caring

Staff developed positive and caring relationships with people who lived at the home.

People were supported by staff to express their views and to be involved in making decisions about their care and support.

People's privacy and dignity were promoted by staff.

Is the service responsive?

Good

The service was responsive

The care people received was appropriate to their needs.

Summary of findings

People were encouraged to raise concerns or complaints.

Is the service well-led?
The service was well-led

Good

There was a positive open and inclusive culture at the home.

The leadership at the home was visible which inspired staff to provide a quality service.

The home had a quality assurance system in place.

Crescent Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 26 March 2015 and was unannounced. The inspection was undertaken by one inspector 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We spoke with four people who used the service, one relative, four care staff, one team leader, one registered nurse, the cook, the registered manager, the provider and a representative from the organisation's compliance team.

We looked at three people's care records to see if they were up to date as well as, other records relating to the management of the service, including quality audit records.

Requires Improvement

Is the service safe?

Our findings

People did not make any comments on the cleanliness within the home. The registered manager and the provider told us that the home employed three full-time cleaners and regular infection control audits were carried out. The home had an infection control policy and we observed staff wearing personal protective equipment [PPE] such as, gloves and aprons when assisting people with personal care. Training records reflected that staff had been provided with infection control training.

During a tour of the premises we found that appropriate standards of cleanliness and hygiene within the home environment were not maintained. It was evident that the home's infection control procedure was not appropriately followed. For example, we observed food spillage on walls in the lounge area. The upholstery on two armchairs was covered with food debris and heavily soiled. In two toilets, the bowls and seats were covered with faeces. The paintwork on skirting boards in bedrooms and corridors was peeling and covered in dust. The paintwork and door handles on some bedroom doors were sticky from food debris. The tiles in a particular bathroom were chipped and the grout was discoloured. The metal shelf in the sluice area was covered in dust and the grout on the wall tiles was discoloured. The floor covering in a particular toilet was heavily soiled. A commode chair in one bedroom was dusty and the metal trimmings were corroded with rust. The shelves in the clinical room where medicines were stored were dusty. There were boxes stored on the floor in this area. Floor level storage meant that the floor was not cleaned properly and was covered in dust.

This demonstrated that the cleaning system in place was not appropriately maintained. Therefore, people were not protected against the risk of acquiring a healthcare associated infection.

This was a breach of Regulation 12 (2) (h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff to take their medicines safely. People said they received their medicines at the prescribed times. A person said, "The staff always give me my tablets when I am supposed to have them."

The registered manager and the provider told us that before homely medicines were administered to people advice from the GP was sought to ensure that it was safe for them to be administered. The home maintained a record of the homely medicines that people were taking, which was signed by the GP.

We checked a sample of Medication Administration Record sheets and found they had been fully completed. There were protocols in place to guide staff when people who had been prescribed for 'as required' [PRN] medication, should be given. There was an audit trail of all medicines entering and leaving the home. We checked a sample of controlled medicines and found that the amount recorded matched the quantity of medicines in stock. [Controlled medicines are medicines classified under the Misused of Drugs legislation because of their harm if misused.] We found that the practice to ensure that handwritten entries on the MAR sheets were countersigned by a second staff member to minimise the risk of errors when transcribing was not consistent.

People said they felt safe and protected from harm. One person said, "The staff are always looking after you to make sure you feel safe."

Staff told us they had received training in safeguarding and the whistleblowing procedure and that the training was updated annually. They demonstrated a good understanding of what abuse meant, and how to report any suspected abuse. They all said that they would report incidents to the registered manager.

The registered manager and the provider told us that staff knowledge and competencies on keeping people safe and the different types of abuse were regularly assessed.

We saw evidence that safeguarding was included as a regular agenda item at staff meetings. People had been provided with a copy of the home's safeguarding procedure and this was displayed in their bedrooms. It included telephone numbers of outside agencies that people could contact if they did not feel confident to discuss their safety with staff.

The registered manager told us that the outcome from safeguarding investigations was discussed with senior staff and they cascaded the information to the other staff. We saw evidence that the provider had raised an alert with the local safeguarding team of an allegation of abuse and had worked with them and other professionals to make sure the person was protected.

Requires Improvement

Is the service safe?

There were risk management plans in place to promote and protect people's safety. Staff told us they supported people to maintain their safety and protect them from harm. A staff member said, "There are two people who go out independently and we have risk assessments in place to support them to maintain their independence and to minimise any potential risk of harm."

The provider told us that the safety of people and staff were considered as a high priority. They said, "There was a shelf in the kitchen and staff were constantly bumping into it. We removed it to

minimise the risk of harm." They also said that people were regularly asked at their reviews and at residents' meetings if they felt safe living at the home.

We saw there were risk assessments in place for people who were at risk of falls and pressure ulcers. Those people who were identified at risk of developing pressure ulcers were provided with the appropriate equipment such as pressure mattresses and cushions.

There were plans in place for responding to any emergencies such as in the event of a fire. The registered manager and the provider told us that the home had introduced a 'grab bag system' in the event of a fire occurring at the home or other emergencies such as electrical failure or gas leak. The bag contained a list with the names of people living at the home and telephone numbers of council services and officials who should be contacted in the event of an emergency. We were told the list was updated regularly and staff were aware of the emergency process.

There was a system in place to ensure that the electrical and gas equipment was regularly serviced. The registered manager told us that equipment at the home was regularly serviced. We looked at the maintenance record and found that equipment used at the service such as, the fire panel, extinguishers, gas and electrical equipment was regularly serviced.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People said there were enough staff to meet their needs. One person said, "There are plenty of staff."

Staff told us they had time to support people safely. A staff member said, "Agency staff are only used at nights when needed." The staff member commented, "We manage to get regular ones so they know the residents."

The registered manager and the provider told us that people's dependency levels were regularly assessed using a specific tool. Our observations confirmed that there were sufficient staff members on duty, with the appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota confirmed that the agreed staffing numbers were provided. One person was receiving one to one care and support.

Safe recruitment practices were followed. The registered manager and the provider told us that new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. The provider commented, "We always explore gaps in staff employment history and follow up on references. Interviewees are given scenario questions on keeping people safe."

We checked staff recruitment files and found that appropriate checks had been undertaken, including confirmation of nurses' registration with the Nursing and Midwifery Council (NMC). Face to face interviews took place.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us that staff were aware of their needs. A person said, "The staff here are knowledgeable and efficient."

Staff told us they received the appropriate support and training to perform their roles and to meet people's needs.

The registered manager and provider told us that new staff were allocated a mentor and required to complete a three part induction training and work alongside an experienced staff member until they felt confident to work alone. Staff were also expected to complete the common induction programme, which is a national recognised qualification within the first twelve weeks of employment. We saw evidence that staff had received ongoing training in a variety of subjects which supported them to meet people's individual care needs. These included moving and handling, dementia awareness, first aid, infection control, mental health awareness, challenging behaviour, equality and diversity, diabetes awareness, safeguarding adults, Mental Capacity, Deprivation of Liberty Safeguards [DoLS], health and safety and fire awareness.

Staff told us they received support from the registered manager as well as regular supervision and an annual appraisal. A staff member said, "I find supervision useful. I am able to discuss my training needs." A second staff member commented, "There are opportunities here to better yourself. I have acquired a national qualification at level 2 and 5."

There was a system in place to ensure people's consent to care and treatment was sought in line with current legislation. Staff and the registered manager told us people's consent was obtained before assisting them with care and support. They had a good understanding of the Mental Capacity Act [MCA] 2005 and the Deprivation of Liberty Safeguards [DoLS] and described how they supported people to make decisions that were in their best interests. For example, we found where there were concerns around people's capacity to make decisions. Best interest decision meetings had been arranged with the multi-disciplinary teams to determine capacity. The registered manager told us that fifteen people living at the home were subject to a DoLS authorisation.

We found that staff dealt with an incident relating to behaviours that challenged others appropriately. For example, we saw a staff member was able to calm a person who was becoming agitated. They de-escalated the incident quickly and efficiently.

People were supported to eat and drink and to maintain a balanced diet. People told us they were provided with adequate amounts of food and drinks; and menu choices were discussed with them. One person said, "We have choices, I choose what I want from the menu."

The cook told us that the menu was developed with people's involvement and the daily menu consisted of two choices. She commented, "If a resident does not like what is on offer an alternative is provided."

We saw fresh fruits and snacks were readily available. There was a list of the contents of all foods that were prepared by the cook displayed. This enabled staff to inform people what ingredients were in the prepared foods along with the calorie content. We found that people who were at risk of losing weight their food and fluid intake was monitored and they were provided with fortified foods and drinks. Where there were concerns about people's food intake or swallowing they were referred to the speech and language specialist. The home was involved with a special food project. Staff were provided with advice and training to enable them to support people to maintain a balanced diet.

The food was served attractively to stimulate appetite. Where people required assistance from staff to eat this was provided in a dignified and unhurried manner. Staff made sure that people who required assistance were not rushed and drinks were readily available.

People were supported to maintain good health and to access healthcare services when required. A person said, "If I am not well the staff would arrange for me to see the doctor. They also accompany me to hospital appointments."

The registered manager and the provider told us that people were registered with a GP who visited the home as and when required. They said that they liaised closely with the local complex team, and other professionals such as, the community psychiatric nurses, the dietician, the speech

Good

Is the service effective?

and language team [salt] and the tissue viability nurse. We saw evidence that people had access to the dentist, optician and chiropodist on a regular basis. Referrals to healthcare specialists were made via the GP practice.

Good

Is the service caring?

Our findings

Staff developed positive and caring relationships with people who lived at the home. People told us they were happy with the care and support provided. One person said, “The staff are warm and friendly.” People said that staff supported them to promote their religious beliefs. A person said, “We go to church as a group or on our own.”

We observed that staff spent time interacting with people and addressed them by their names. When communicating with people they took time to ensure people understood what was happening. Staff provided people with reassurance by touching and holding their hands to show they were aware of their emotional needs.

We saw that people were supported with kindness and compassion. The staff responded to people in a calming and reassuring manner. They were able to tell us about individuals’ personal histories and interests and how they wished to spend their time. People looked relaxed in staff company.

People were supported by staff to express their views and be involved in making decisions about their care and support. People told us they were able to make decisions about what time they wished to get up and go to bed. One person said, “We have meetings here, I am the chairperson and staff listen to what we have to say.”

A relative of a person who used the service said, “The staff are caring and look after my family member well.” The person commented, “I am involved with their care plan.”

Staff told us they involved people and their relatives in planning and reviewing their care. They said that people’s care plans were reviewed and evaluated at least monthly or as and when their needs changed. We observed that a person was supported by staff to manage their cigarettes and they were happy with the arrangement that was in place to support them.

The provider told us that they make people and their relatives aware of the advocacy services that were available. As a result people were able to obtain additional benefits and equipment to support them to maintain their independence and have an improved quality of life. We found that there were at least three people who had used the services of an advocate. [The role of an advocate was to speak on behalf of people living in the community with their permission.]

People’s privacy and dignity were promoted. People told us the way in which staff supported and communicated with them, ensured they were respected and their dignity was promoted.

Staff spoken with were able to describe how they ensured people’s privacy and dignity was respected. A staff member said, “We ensure when the residents are assisted with personal care this is done in the privacy of their bedrooms.”

We found that the home had policies in place for staff to access, regarding respecting people and treating them with dignity. All the bedrooms in the home were single occupancy. This enabled people to spend time in private if they wished to.

The home did not have any restrictions on visiting. A relative told us that they were able to visit at any time they wished to and the staff made them feel welcome.

The provider told us the home was open 24 hours and family and friends were encouraged to visit people at any time, as if they were in their own home.

Good

Is the service responsive?

Our findings

People received personalised care that was appropriate to their needs. People told us they had a care plan and it was reviewed monthly. A person said, “Staff always consult me about my care plan.” A relative told us they had been involved in the assessment of their family member’s care needs and how their care was planned and delivered.

The registered manager and the provider told us before anyone was admitted to the service their needs were assessed. The information obtained from the assessment was used to develop the care plan.

We saw that people’s care plans were developed around them as an individual and their histories and preferences were taken into account. There was evidence in the care plans we looked at that confirmed people’s needs had been assessed prior to them coming to live at the home. The plans contained information on people’s varying levels of needs, their likes and dislikes and provided guidance on how people wished to be supported. Giving people choices and promoting their independence were essential factors in how people’s care was delivered. We saw there was a section in the care plan that was called, ‘All about me.’ It provided information on what was important to the individual. We saw evidence that the care plans were reviewed monthly or as and when people’s needs changed. People and their relatives were involved in the review process.

People took part in activities that were focussed on them as individuals. People told us they were able to participate in activities of their choice. A person said, “I enjoy playing pool and visiting the library to access the computer. I used to work with computers.” The person also commented that they were looking forward to going on holiday to Great Yarmouth. They said, “We have been to Blackpool for five years running. We decided to have a change this year.”

Staff told us that the home had an activity room and people were able to participate in daily activities if they wished to. There was an activity person employed. During our inspection we saw people participated in a bingo session in the morning. This was followed by a music session in the afternoon. We observed a vicar visited the home and accompanied two people to visit a family member who lived in the next town. We were told that this was a regular occurrence.

We found that the activities provided were varied and included a weekly visit by a hairdresser,

pottery and art classes. People also participated in community outings such as, trips to garden and leisure centres, football matches, the cinema and tea dances.

People were encouraged to raise concerns or complaints. A person said, “I’ve never had to complain but I would speak to the staff if I wasn’t happy.”

The registered manager and the provider said that the home had not received any complaints within the last year. We saw that the home had received three compliments from family members thanking the registered manager and staff for caring for their relatives. We saw that the complaints procedure was displayed in the home and was accessible to people and their relatives and written in an appropriate format.

Good

Is the service well-led?

Our findings

The home promoted a culture that was positive open and inclusive. Staff said that the registered manager operated an open door policy and was approachable. They said issues were taken seriously and were not left. They felt they could be open with the registered manager and with each other.

The registered manager said that she empowered staff by delegating responsibilities to them to support them in their personal and professional development. Staff spoken with confirmed this and said that the registered manager treated them fairly.

The home had developed strong links with the local community. For example, students from the local sixth form college spent time in the home to gain work experience. The provider told us that they had formed links with other professionals in the area and they sometimes used the activity room to hold meetings.

Staff were clear about the process to follow if they had any concerns about the care provided and knew about the whistleblowing procedure. They said that they would have no hesitation to use it if the need arose.

The service had processes in place to encourage communication with people and their relatives. For example, people and their relatives were asked to provide feedback on the care provision and to make suggestions. Regular residents and relatives meetings were held.

The leadership at the home was visible which inspired staff to provide a quality service. Staff told us that the provider was very involved in the running of the home and carried out checks to make sure people were provided with a quality service. We observed that the provider took an active role in the running of the home and had a good knowledge of the people who used the service and staff.

We saw evidence which confirmed the provider was meeting their registration requirements. For example, the service had a registered manager in post. Statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

Staff told us they were happy in their roles and worked hard to ensure that people received the care they needed. They said that the home had a family ethos and all staff worked well as a team. Our observations throughout the inspection demonstrated that the care and nursing staff understood what was expected of them.

There was a quality assurance system in place at the home. The registered manager and the provider told us that the home had a system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans in place but there was no information recorded to indicate that actions had been completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person failed to ensure that people were protected against the risk of acquiring a health care associated infection. This was because some areas of the home were not appropriately cleaned.