London & Brighton Convalescent Home

Crescent House

Inspection report

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Ratings

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

Overall summary

We inspected Crescent House on the 25 August 2015. Crescent House is a residential care home providing care and support for up to 17 people. On the day of the inspection 16 people were living at the home. The age range of people living at the home varied between 60 – 100 years old. Care and support was provided to people living with dementia, diabetes, mental health needs, sensory impairment and long term healthcare needs.

Accommodation was provided over three floors with stairs connecting all floors and a stair lift in situ. The property is a detached Victorian building with gardens at the back for people to access. The home is centrally located in Hove with good public transport links to the city centre, which enabled people to go out and about independently. Many people living at the home have lived there for many years. The provider also has good retention of staff with some staff members having worked at the home for over 10 years. People spoke highly of the home. One person told us, “It’s a really good place where you can have a laugh.”

A registered manager was in post. 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 and associated Regulations about how the service is run.

Summary of findings

Improvements were required around the opportunities for people to engage with meaningful activities. Activities were provided which included bingo, arts and crafts and quizzes; however, activities centred on the person and meaningful to them were not consistently in place. People also had mixed opinions about the opportunity for social engagement. One person told us, "I love it here, but one thing that could be better is more activities." We have made a recommendation for improvement in this area.

Robust systems were not in place to analyse, monitor or review the quality of the service provided. Formal feedback was not obtained from people and their relatives. The provider was not completing formal audits and there were no mechanisms to assess the standards of care. Staffing levels were sufficient, but people felt additional staff at weekends may be beneficial. One person told us, "The weekends you really notice it, no one gets neglected, but they are really rushing around." We have therefore identified the above as areas of practice that needs improvement.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

People received care and support from dedicated staff who were appropriately trained, confident and highly motivated to meet their individual needs. They were able to access health, social and medical care, as required.

With compassion and pride, the management team and staff spoke about people, their likes, dislikes, personality and life history. It was clear staff had spent time getting to know people and delivering care in line with people's needs. People looked at ease in the company of staff. Staff spent time chatting with people and laughter was heard throughout the inspection.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were extremely person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

There was a friendly, relaxed atmosphere at the home. There was an open and honest culture within the home. Staff had a clear understanding of the vision and philosophy of the home. Staff spoke passionately about how Crescent House was run as a family home with family values embedded into practice.

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?

Good

Crescent House was safe. People told us they felt safe living at the home and protected from unavoidable harm. People were encouraged to take positive risks, which had been assessed and promoted autonomy.

People received their prescribed medicines to meet their health needs in a safe and appropriate way. Staff knew how to recognise and report abuse.

People were protected by robust recruitment practices, which helped ensure their safety.

Is the service effective?

Good

Crescent House was effective. People were complimentary about staff and the level of care they received. Staff members had a firm understanding of the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People's changing healthcare needs were responded to and staff worked with health and social care professionals effectively to meet people's needs.

People were supported to maintain their hydration and nutritional needs.

Is the service caring?

Good

Crescent House was caring. There was a welcoming, friendly atmosphere in the home and staff provided a level of care that ensured people had a good quality of life.

People were complimentary about the caring nature of staff and staff spoke highly of the people they supported. The principles of privacy and dignity were upheld and staff promoted people to be as independent as possible.

The management team recognised the impact of moving into a residential care home and provided psychological support to help aid the transition.

Is the service responsive?

Requires improvement

Crescent House was not consistently responsive. People had mixed opinions about the opportunities for social engagement. Activities were not consistently meaningful for people.

People told us they felt able to talk freely to staff or the management team about their concerns or complaints. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

People's religious and cultural needs were met. Communication was valued within the home and systems were in place which enabled staff to respond to people's changing needs.

Summary of findings

Is the service well-led?

Crescent House was not consistently well-led. Improvements were required to the home's quality assurance framework. Formal feedback from people was not obtained and used in making improvements to the running of the home. Formal mechanisms were not in place for determining staffing levels.

The home's philosophy and vision was embedded into everyday care practice. People and staff spoke highly of the management team.

Requires improvement

Crescent House

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 was an unannounced inspection on 25 August 2015. It was undertaken by two Inspectors 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 service. During the inspection, we spoke with nine people who lived at the home, three staff members, the chef, the home coordinator, registered manager, both of the deputy managers' and a visiting healthcare professional (District Nurse).

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home. On this occasion we did not ask the provider to complete a Provider Information Return (PIR), this was because the inspection was carried out at short notice. A PIR 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. Crescent House was last inspected in June 2014, where we had no concerns.

We looked at areas of the building, including people's bedrooms, the kitchens, bathrooms, and communal lounges and the dining room. We spent time sitting with people in the communal lounges, talking and interacting. We also spent time observing the delivery of care and support in the communal areas.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Crescent House. This is when we looked at their care documentation in depth and obtained their views on how they found living at Crescent House. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People spoke positively about the service and considered it to be a safe environment. People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One person told us, "I get on fine with them here and all the others living in here too, I've no worries. They'd never do any harm to you." Another person told us, "I'm very safe living here, it's very nice."

People were protected from avoidable harm as staff had received relevant training. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting adult safeguarding. Staff clearly understood that abuse was not to be tolerated and should always be reported. Any concerns of abuse or neglect were reported to the registered manager or deputy manager and the contact details for the local safeguarding team were made available for staff on the staff notice board. In the absence of management, staff members were aware they could raise a safeguarding concern themselves. One staff member told us, "If I felt the manager wasn't doing anything or it was urgent, I would raise it myself." A whistleblowing policy was also in place. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider or outside organisations.

The chance to live independently and manage their own lives should be as much a possibility for older people whilst living in a care setting. The home encouraged a culture whereby positive risk taking was encouraged and adopted. The deputy manager told us, "We want to promote people's identity and enable them to live the life they want to." Staff were very aware of people's rights to take risks if they chose to do so. Staff told us how people went out and about independently and were encouraged to take positive risks. People confirmed they could live their lives as they so choose. One person told us, "I can spend my day as I like." Another person told us, "No one tells us what to do."

Risks to people's safety were assessed, managed and reviewed. Risk assessments included moving and handling, mental health, nutrition and falls. Moving and handling risk assessments considered the person's physical and mental condition, mobility and comprehension of instruction. Guidance was in place on what equipment was required, how many staff members and what the person could do independently. For example, one person required the aid of a zimmer frame (mobility aid). They could transfer independently, but due to risk of falls required staff supervision. Falls risk assessments were reviewed monthly and following a fall, a post fall analysis took place. This considered the reason for the fall, any emerging trends, themes or patterns. Such as if the person was falling more at night or during the day. A generic falls risk assessments was also in place which was reviewed annually. This considered the various surfaces and equipment in the home along with different areas of the home and grounds. Following any falls, the provider considered any lessons to be learnt and changes to the person's care directions. For example, one person who had experienced falls, it was agreed for them to use their call bell when wishing to walk with a mobility aid and for staff to accompany them.

People's individual care needs were responded to promptly. Each person had an individual call bell within their room which enabled them to request help/support when needed. Throughout the inspection, call bells were answered promptly alongside people's individual requests. One lady initiated that they required the toilet, immediately the staff member provided assistance. People commented that staff were very prompt. One person told us, "No one is ever neglected."

Throughout the inspection, people were walking around the home freely. When people required assistance, such as to access the stair lift, staff provided support when necessary. One person told us, "I like to go up to my room after lunch and I can manage the stair lift but they like to help me and I can understand it. I only have to ask and they help me straight away, so I can be wherever I want."

People were satisfied that their medicines were managed safely. One person told us, "I've got no worries about staff managing my medicines." Medicines were stored safely. Some prescription medicines had legal requirements for their storage and administration. Medicines were stored, recorded and ordered appropriately. Medicines were supplied on a four-weekly cycle from a local pharmacy. Upon receipt of the medicines, staff were allocated to checking the medicines in and ensuring the correct amount had been received. Expired and discontinued medicines were returned routinely as part of the cycle and were appropriately recorded. There was a record of all requests for and receipt of new prescriptions, this showed people were not kept waiting for new medicines.

Good

Is the service safe?

Medicine Administration Records (MAR charts) indicated that medicines were administered appropriately. MAR charts are a document to record when people received their medicines. Guidance was in place for the use of 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN care plans were in place; these were clear and provided guidance about why the person may require the medicine and when it should be given. We spent time observing medicine being administered at lunchtime.

Medicines were given safely and correctly. Whilst administering medicines, staff preserved the dignity and privacy of the individual. For example, staff discreetly asked people sitting in communal areas if they were happy taking their medicines there. We heard one member of staff saying, 'If you'd like to take your tablets X and then I'll do your eye drops afterwards if that's ok?'

Recruitment systems were robust and made sure that the right staff were recruited to keep people safe. New staff did not commence employment until satisfactory employment checks such as Disclosure and Barring Service (DBS). The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services. Records also demonstrated staff had completed an application form and interview, and the provider had obtained written references from previous employers.

Plans were in place for each person in the event of an evacuation of the building. These gave details of how people would respond to a fire alarm and how they required to be moved. For example, being able to walk unaided. Risks associated with the safety of the environment and equipment were also identified and managed appropriately. Crescent House is a large Victorian building with on-going maintenance work required. On the day of the inspection, we were informed of a water leak which had caused damage to the interior of the building. A toilet was also subject to a leak and the registered manager and deputy manager worked in partnership with the provider to ensure the repairs.

The provider employed a dedicated maintenance worker. Their role included the ensuring fire-fighting equipment was maintained, regular fire tests and drills were undertaken. The home had been subject to a recent visit by the fire brigade. The recent inspection identified for specific actions to be implemented and we saw they had. One of which included the stair lift to be turned off at night. Hot water temperature checks were undertaken weekly and where temperatures exceeded 43c, action was taken on that day to restore the temperature.

Good

Is the service effective?

Our findings

People were very complimentary about the staff and the effectiveness of the care they provided. One person told us, "Well I used to be a Nurse myself and I can tell you they are very good and do know what they're doing." Another person told us, "I'd say they're very efficient and know what they're doing."

Staff at Crescent House were providing care and support to many people living with dementia. Good dementia care requires the principles of person centred care to be followed. This approach aims to see the person with dementia as an individual, rather than focusing on their illness or on abilities they may have lost. Instead of treating the person as a collection of symptoms and behaviours to be controlled, person-centred care considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs. The deputy manager told us, "We don't think that dementia defines someone or should be used a label. We see the person and focus on them." Staff members had a firm focus on people as individuals and a real understanding of their life history, likes, dislikes and what's important to them. One staff member told us, "There's one lady who I could laugh with all day, she has the most amazing giggle." Another staff member told us, "We have one person who loves drawing; she is lovely and has the best personality." Management also demonstrated a firm understanding of people's individuality. The deputy managers told us of one person who had an extremely important role during the Second World War, one for a woman which was rare. They spoke with pride for the woman they had got to know and commented they enjoyed hearing about her past.

Support had been requested from the Dementia In-Reach Team to enable staff to provide the best dementia care possible. The deputy manager told us, "We are aware that we need to improve on our delivery of dementia care and that's why I requested support. We have an action plan in place and I'm looking forward to the work we are about to do." A robust action plan had been implemented, which included a workshop on dementia awareness, an environmental assessment on how the environment could be more dementia friendly and support on how to provide meaningful activities and life story work. The provider had also received a grant from a dementia organisation. The grant enabled a ramp to be fitted in the garden which allowed for level access, and people could now freely access the garden. The deputy manager told us, "The ramp has made a huge difference. People can now go outside independently and in the summer, many people sit outside watching the birds and enjoying the sun."

Staff communicated with people effectively. Throughout the inspection, we observed staff sitting down or kneeling when talking with people. Eye contact was maintained and staff used humour and touch whilst engaging. Staff understood the importance of communicating with people with dementia. One staff member told us, "When talking I always get down to their level, explain things slowly and sometimes giving too many options can be confusing for people, so I often give two or three options only." People responded to staff with smiles and laughter was heard throughout the inspection.

People were supported to maintain good health and people's health and wellbeing was monitored on a day to day basis. People felt confident that their healthcare needs were effectively managed. One person told us, "I get my eyes checked yearly when the optician comes in, but if I need to see them before I just tell them and they'll arrange it." Another person told us, "Yes I've had the doctor recently. They got the doctor to check my eye and I've got some tablets and some drops." Staff told us how they monitored people and the signs or symptoms which may indicate someone was unwell. One staff member told us, "If people are off their food, not sleeping, changes in bowel patterns or heightened levels of confusion, could indicate a water infection." Another staff member told us, "We see people on a daily basis nearly. One lady usually cries if she feels unwell. We get to know how people present if they are unwell." Documentation demonstrated that staff sought advice from the GP, district nursing team and other healthcare professionals. Following any visit from a healthcare professional, the person's care plan would be updated with the visit, reason for the visit and the outcome of the visit. A visiting healthcare professional told us, "We have very good liaison, never any problems."

Lunchtime was a sociable and enjoyable experience. The dining room tables were laid with place mats, napkins, condiments and refreshments were to hand. People were gently offered assistance to the table and for those who wished to remain in the lounge or their bedroom; their table tray was also prepared with cutlery, place mats and napkins. The menu was on display as a visual reminder and

Good

Is the service effective?

people were observed using adapted cutlery to promote independence with eating and drinking. Staff interactions were warm and engaging, for example, we heard, 'Would you like some help.' 'That's yours (person) with your egg turned over and this one's yours (person) with your egg smashed, is that ok?' 'There you are (person) if you want another fried egg, let me know and I'll get you one.' 'You found it easier with a spoon yesterday (person), do you want to try again today?' 'Would you like sauce on it, where would you like it, all over or on the side?' Staff regularly engaged with people about their day rather than the task at hand, we heard conversations about family members, a new puppy, the visiting squirrel and old comedy programmes. People were observed talking and chatting to one another during their lunchtime meal alongside laughing and interacting with staff.

People spoke positively about the variety of food and drink provided. One person told us, "The food's lovely and we get homemade cakes in the afternoons." Another person told us, "I like my porridge and at the weekend I might have say bacon and a fried egg if I fancy it." The registered manager told us, "All our food is freshly made here, we always have fresh fruit, vegetables and our meat is from the local butchers." The chef had a firm knowledge of people's dietary requirements and where the need for a special diet was required this was provided. The chef told us, "We provide diabetic diets and vegetarian diets. I have a diabetic cook book which I follow which is really helpful." Staff monitored people's weight in line with their nutritional assessment. Where people were losing weight, fortified food was provided to promote their calorie intake. The GP was contacted for additional guidance and food and fluid charts were maintained to record what they were eating on a daily basis. One person told us, "I was in a terrible state when I came here, I'd given up and stopped eating and I'd lost such a lot of weight, but I've put two stone back on now thanks to the food and I'm eating vegetables and having fruit again which I'd not had for a long time." Where people needed to lose weight, the chef provided a low calorie diet alongside fresh fruit as healthy snack options.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The management team understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The deputy manager told us, "We have just applied for one DoLS authorisation and are in the process of applying for others. We are aware that it's not about if the person wants to leave or is trying to leave, but whether they would be able to go out and about independently without staff supervision." The management team and staff recognised the importance of empowering people to make their own decisions and choices whilst acknowledging their right to refuse consent. Staff members clearly understood the importance of gaining consent. One staff member told us, "We always explain what we are doing, give the person options and see if there happy." Training schedules confirmed staff had received training on the MCA and DoLS.

Staff members spoke highly of the training provided and felt that the training gave them the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as diabetes awareness, health and safety and moving and handling. The management team recognised the importance of having a skilled workforce. Staff members were encouraged to pursue health qualifications (NQV) and one staff member told us, "I'm currently doing my NVQ level two at the moment." Another staff member told us, "I've just been put forward to start my NVQ level two which I'm excited about." Staff were supported to continue with their professional development through supervisions and appraisals. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff commented they found the forum of supervision helpful, but that they could also approach the management team with any queries or questions outside of supervision.

Good

Is the service caring?

Our findings

People spoke highly of the caring nature of staff. One person told us, "Nothing's too much trouble, you only have to ask." Another person told us, "It's good here because they're kind and helpful and always pleasant to you." A third person told us, "This is a good place and the staff are lovely, they really look after you."

The atmosphere in the home was calm and relaxing. Considerable thought had gone into creating an environment that was homely. The care home presented as a normal home which in turn enabled people to feel at home and relaxed. Hallways were lined with photographs and ornaments. The dining room was decorated with warm coloured wall paper and the communal lounge and conservatory was designed in a manner which created a home like feel. The chairs in the conservatory faced the garden and people were seen happily watching the birds on the bird feeder. Books, videos and DVDs were displayed on the lounge wall for people to use alongside board games. A miniature dolls house was also available which provided stimulation and interaction. People spoke positively of the home and one person told us, "You don't feel like you're a bother if you have to ask them for anything."

People looked comfortable in the care of Crescent House. Support was provided which enabled people to maintain their physical appearance. One staff member told us, "We paint people's nails and do hand and feet massages which people enjoy." People were dressed in the clothes they preferred and in the way they wanted. Information was also available in people's care plans about their favourite clothes and how they preferred their hair. One person preferred to keep their hair short in a bob style. Another person enjoyed getting their hair permed and set every six weeks. Ladies had their handbags to hand which provided them with reassurance and a hairdresser visited the home on a regular basis. People's rooms were personalised with their belongings and memorabilia. With pride, people showed us their photographs and items of importance.

Moving into a care home can be a traumatic and upsetting time for people. The management team recognised this and understood the importance of psychological support. One person had moved into Crescent House from another care home. Their care plan recognised the impact of this and clearly identified for support to be provided to help them adjust with the move. Another person had recently moved into the home. Thought and consideration had gone into making their room the same layout as their bedroom at home to reduce the risk of any falls. The deputy manager told us, "We want people to feel at home, as this is their home."

Staff were clearly passionate about their work and told us they thought people were well cared for. One staff member told us, "We are one big family here and I love coming into work." Staff demonstrated a strong commitment to providing compassionate and high quality care. From talking to staff, they each had a firm understanding of each person's likes, dislikes, personality, background and how best to provide support. One staff member told us, "One person prefers their own company and likes to watch wildlife programmes."

People's dignity and right to privacy was protected by care staff. People were assisted to their bedroom, bathroom, or toilet whenever they needed personal care that was inappropriate in a communal area. This support was discreetly managed by staff, so that people were treated in a dignified way in front of others. Staff members also made sure that doors were kept closed when they attended to people's personal care needs. People confirmed staff upheld their privacy and dignity and their preference for female or male carer was respected. One person told us, "They know I don't mind creaming my legs that sort of thing, but I don't want a male for anything more intimate and they stick to that as they know I don't want it."

The home had a strong ethos of promoting people's independence and individuality. The deputy manager told us, "We don't want to take people's rights away or ability to take risks." Staff members understood the importance of enabling people's level of independence. One staff member told us, "We encourage people to continue doing what they can for themselves. One person needs help to wash their back, but I encourage them to wash their face and front." Another staff member told us, "I encourage people to dress independently. I may say I'll put your socks on while you put your top on."

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. Mechanisms were also in place to involve people in the running of the home. Resident meetings were held on a regular basis. These

Good

Is the service caring?

provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes from the last resident meeting in April 2015, confirmed people spoke about options for activities and new menu ideas.

Visiting times were flexible and staff confirmed people's relatives and friends were able to visit without restrictions.

Staff recognised the importance of family and supporting people to maintain relationships with those that mattered to them. The home had Wi-Fi throughout which enabled people to maintain contact via the internet. One person told us, "I come and do my emails in the afternoon in my room they have Wi-Fi here."

Requires improvement

Is the service responsive?

Our findings

People felt staff were responsive to their individual needs. One person told us, "If you ask them to do it, they get on and do it for you." However, people had mixed opinions about the opportunities for meaningful activities. One person told us, "I love it here, but one thing that could be better is more activities." Another person told us, "I've come from another place and they did activities each day, but they don't here."

For people in care homes it is important they have the opportunity to take part in activity, including activities of daily living, which helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Guidance produced by the Social Care Institute of Excellence (SCIE) advises that for people living with dementia, keeping occupied and stimulated can improve quality of life. The provider employed a home coordinator who was responsible for the organising of activities. The home coordinator told us, "We usually have two activities per day. Activities are not planned; staff do what they are good at, whether it's singing or manicures. Quizzes and word games used to stimulate reminiscence and conversation. Music sessions are mainly of a sing-along kind. Activities tend to be based around people in the lounge, we invite others in." On the day of the inspection, a game of hit the target took place. Staff engaged people and people enjoyed the level of interaction. One person had expressed a wish to do baking and on the day of the inspection, they were sitting with the chef in the dining room baking scones. Thought and consideration had been given to providing a meaningful activity which promoted their well-being and sense of identity

However, we questioned what mechanisms were in place to provide activities based on people's interests and life histories. Some people commented they did not wish to engage in group activities. Some also felt there weren't enough activities on offer. One person told us, "There's nothing much to do here." The deputy manager acknowledged that further work was required to ensure everyone received meaningful activities. During the inspection, most people spent time in the communal lounge or conservatory. Staff regulatory stopped and chatted to people, however, little consideration was given to encouraging people to pursue or engage with activities. Therefore, most people spent their time watching television or sleeping. One person told us, "I don't go into the lounge; all they do is sleep and watch soaps." Until the afternoon activity of hit the target, activities were not made available for people. For people living with dementia, little stimulation was provided and therefore people's identity and feelings of self-worth were not promoted.

We recommend that the service considers the National Institute for Health and Care Excellence: Mental wellbeing of older people in care homes.

Before people moved to Crescent House, the management team carried out an assessment to make sure their needs could be met. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life to ensure a smooth transition into the home. This included background information about people's lives. The deputy manager told us, "Due to the layout of the building and that we don't have a lift; we need to be sure we can meet people's needs. I will always be honest and say when I don't think we can meet someone's needs." Individual pre-admission assessment information was available in people's care plans.

Each person living at Crescent House had an individual care plan. Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. They were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow. For example, one person had a history of developing urinary tract infections (UTIs). A plan of care was in place which advised staff to monitor for any confusion or frequency to toilet, as they could be signs the person was suffering from a UTI.

Alongside care plans, people had individual person-centred care plans. These considered information all about the person, such as what may upset the person, how the person reacts in group situations and how the person feels about their own health. Time and thought had gone into the care plans and it was clear staff had spent time getting to know people. One person's person centred care plan identified they could be extrovert, but also very affectionate and outgoing. Staff had also identified how the person had formed friendships with other people and how they could become animated when talking to their friends. Another person's person centred care plan identified how they had a laid back personality, but who also confidently expressed their opinions and life choices.

Requires improvement

Is the service responsive?

The registered manager, management team and staff were responsive to people's changing needs. This was supported by systems of daily records which were filled out in the home's communication diary. There were also verbal handovers between staff shifts. Staff spoke highly of the handovers and commented they provided them with the information required to do their job safely.

Staff recognised that people's religious needs should not be overlooked and some people required on-going support to maintain their beliefs. Information was readily available in people's care plans about their religious and cultural needs. One person's faith was extremely important to them and information was available on how they grew up with their faith, and what support was now required to ensure their religious and cultural needs were met. Services were held at the home and where required people were supported to attend local services in the area.

People told us they were aware of how to make a complaint and were confident they could express any concerns. A complaints policy was displayed and leaflets were also available on how to make a complaint. The provider had not received any formal complaints in over two years. The deputy manager told us, "If we did receive any formal complaints, they would be investigated and taken seriously."

Requires improvement

Is the service well-led?

Our findings

People spoke highly of the management team. One person told us, "They always check how we are." People commented they felt at home at Crescent House and thought the home was well-led. One person told us, "It's homely and friendly." Another person told us, "It's a really good place where you can have a laugh." However, despite praise for management, we found Crescent House was not consistently well-led.

Robust systems were not in place to monitor or analyse the quality of the service provided. On a monthly basis, the provider visited Crescent House. As part of this visit, the provider considered the premises, vacancies, residents and complaints. However, the monthly visits did not identify any shortfalls or actions to be implemented. Consideration was not given as to whether the service was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014 as part of the visit. Alongside this, there was no follow up from the previous visit, nor were the visits signed for us to identify who undertook them.

Regular health and safety checks were being undertaken, but we were unable to locate any completed audits which related to the running of the home. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. We queried what mechanisms were in place to review the effectiveness of the internal processes and the quality of the care and treatment. For example, we asked if they completed an infection control audit as we identified a build-up of lime scale around the sink in the laundry room, the walls had peeling paint and the old boiler had layers of dust. The management team acknowledged they were not completing internal audits, but identified they would start immediately.

Feedback from people and relatives was not obtained on a formal basis. Satisfaction surveys had not been sent out to people and their relatives in three years. We queried with the management team what systems were in place to actively seek the views of people and how the views of people were used to make improvements. The management team told us, "We have resident meetings and hold care plan reviews where we receive feedback." We were informed of one situation whereby concerns were raised about the level of personal care someone was receiving. There was documentation of an action plan which was signed by the person and their family. However, it was not consistently clear how the provider collected feedback for the purpose of evaluating and improving the service.

The absence of a formal quality assurance framework had no direct impact on the quality of care provided. People commented they felt able to approach the management team and received the care they needed. However, robust systems were not in place to identify where quality or safety was being compromised and how to respond without delay. We have therefore identified this as an area of practice that needs improvement.

We recommend that the provider considers the Department of Health guidance on The Adult Social Care Outcomes Framework 2014/15.

Most people and staff felt staffing levels were sufficient. However, people felt more staff at weekends were required. One person told us, "The weekends you really notice it, no one gets neglected but they are really rushing around." We queried with the management team what systems were in place to determine staffing levels. The deputy manager told us, "We have just increased staffing levels in the week to include a third member of staff in the afternoons. This is to ensure people receive stimulation in the afternoons." Staffing levels consisted of two care staff in the morning, three in the afternoon and two at night. At weekends, staffing levels were two care staff throughout the day and night. The management team advised they were trying to ensure three care staff worked in the morning at weekends, but due to holidays, this could not always be arranged. We queried how the management team determined that those staffing levels were based on the individual needs of people and adequate to meet the needs of 16 people. Within each person's care plan was a dependency profile which considered the person's level of need. We questioned whether the dependency profile was used in determining staffing levels. The deputy manager confirmed it was not, but could be utilised to ensure staffing levels were based on the individual needs of people. The feedback from people identified concerns with staffing at weekends. We were informed that a chef also worked in the morning, but left at 14.00. After 14.00, only two members of staff were available. Therefore they were responsible for

Requires improvement

Is the service well-led?

getting supper ready, making hot drinks, providing activities and meeting people's needs. We raised concerns that if a member of staff was in the kitchen and the other was supporting someone with their personal care needs, we queried what interaction and support would people be receiving if staff were not present.

Our observations found that people were safe and people identified they did not feel unsafe and felt staffing levels were sufficient but improvements could be made. Robust mechanisms were not in place for determining staffing levels based on the individual needs of people and the management tea, acknowledged that staffing levels at weekends needed to be re-evaluated and would do so immediately. We have therefore identified this as area of practice that needs improvement.

Policies and procedures were in place to assist with the running and governing of Crescent House. However, some policies required updating to reflect current legislation and policy. For example, the safeguarding policy referenced the 'Safeguarding Vulnerable Groups Act 2006', instead of the Care Act 2014 and also provided details of the wrong Local Authority to report any concerns of abuse or harm to. A business continuity policy was in place, but failed to identify what to do in the event of electricity failure or loss of heating. Therefore, robust guidance was not in place for staff members. The provider had not yet acted upon the new regulation 'Duty of Candour' and guidance was not in place. The Duty of Candour is a regulation that all providers must adhere to. The intention of the regulation is to ensure that providers are open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment. The management team advised, that all of the services policies and procedures were in the process of being updated and would soon reflect current guidance and legislation. We have therefore identified the above as areas of practice that need improvement.

Crescent House belongs to the charity London & Brighton Convalescent Home. Established in 1800, the charity began as a convalescent home for ladies who had lost their sight in service. The first home was opened in London with a second home opening later in Brighton and then Hove. The home has a committee board who are dedicated to the running of the home. Board members include people from the local community and the relatives of people who have previously resided at the home. The management team told us, "The committee is very supportive. Any concerns or queries, we are able to approach them." A picture of the founder of the charity was displayed in the hallway of the home along with pictures of the original home. The management team told us, "The board members are going to make a story book of the history of the charity which we can then show to our residents."

Clear visions and articulated values were in place. The registered manager had been in post for 38 years and the deputy manager had been working at the home for 18 years. The deputy manager told us, "We are very family oriented care home." Family values were embedding into the running of the home. Every staff member was aware of the philosophy and visions of the home, commenting that they valued how the home operated as one big family.

Crescent House had adapted a culture of honesty and transparency. We asked the management team what the key challenges had been during the past year. The management team told us, "Paperwork is our key challenge. We have implemented a new system of care plans which are good, but quite complex and take time to complete. We are working through them, but it takes time." Staff believed the delivery of care was good and people were happy living at the home. One person told us, "It feels like you have friendships in here."

The management team were dedicated to the running of the home. With compassion they spoke about the people they supported and the staff team. Every staff member held in-depth knowledge about the people living at the home, their likes, dislikes and personality. It was clear time had been spent building rapports with people along with friendships. People looked at ease with staff members and laughter was continually heard throughout the inspection. It was clear the provider and staff had created a home where 'family values' were a philosophy and vision. Everyone we spoke with commented they would happily recommend Crescent House.