Rhetor 17 Limited

The Crescent Care Home with Nursing

Inspection report

27-29 Meyrick Park Crescent, Bournemouth, BH3 7AG
Tel: 01202 553660
Website: www.example.com

Date of inspection visit: 28 October and 3 November 2015
Date of publication: 13/01/2016

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

Overall summary

This was an unannounced comprehensive inspection carried out by one Inspector on 28 October and 3 November 2015. We last inspected the home in July 2013 when we found the service was compliant with regulations and the standards required at that time.

The Crescent Care Home with Nursing is registered to provide nursing and personal care with accommodation for up to 40 people, although the home only usually accommodates up to 33 people as seven rooms are for double occupancy.

At the time of the inspection there were 32 people living at the home.

The owner of the home is registered as the manager of the service. 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.

Summary of findings

The Crescent Care Home with Nursing provided a safe service to people. Staff had been trained in safeguarding adults and were knowledgeable about how to refer any concerns of abuse.

Risks to people's health, whether this was through the delivery of their care or concerning the physical environment, had been assessed to make sure the home ran as safely as possible .

Accidents and incidents were monitored and audited to see if there were any trends that could make systems and care delivery safer.

The home employed sufficient qualified nursing and care staff to meet people's needs.

There were robust recruitment procedures followed to make sure competent and suitable staff were employed to work at the home. There was little staff recruitment as the home had a long-standing staff team.

Medicines were managed safely in the home.

The staff or team were well-trained and there were systems in place to make sure staff received update training when required. Staff were also supported to attain additional skills through further training courses.

The home was meeting the requirements of the Mental Capacity Act 2005, with appropriate referrals to the local authority for people deprived of their liberty.

People's consent was gained for how they were cared for and supported.

Staff were supported through one to one supervision and annual appraisals.

People were provided with a good standard of food and the nutritional needs met.

Everyone we spoke with were extremely positive about the staff team and the high standards of care provided in the home. People also reported that their privacy and dignity were respected.

Care planning was effective and up to date, making sure people's needs were met. Concerns identified on the first day of the inspection were addressed by the second day of our inspection, to make sure that people's personalised routines were followed by the staff.

Activities were organised communally and on an individual basis to keep people meaningfully occupied.

The home had a well-publicised complaints policy and we saw that on the rare occasion that complaints were made, they were logged and responded to.

There were systems in place to monitor the quality of service provided to people.

There was good leadership of the home and a positive ethos and culture prevailing in the home.

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?
People received safe care in a safe environment where risks were identified and minimised through risk management.

There were sufficient well-trained staff employed to meet people's needs.

There were robust recruitment procedures followed to make sure suitable staff were recruited to work at the home.

Medicines were managed safely.

Good

Is the service effective?
Staff were well-trained and supported to fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's consent was obtained about the way they were cared for and their treatment choices.

People's dietary and nutritional needs were being met.

Good

Is the service caring?
Everyone we spoke with praised the home for the quality of the care provided.

People's privacy and dignity was respected.

Good

Is the service responsive?
The provided personalised care and was responsive in taking action to make improvements.

Care plans were in place and up to date.

Activities were provided in the home to keep people meaningfully occupied.

There was a well-publicised complaints procedure and complaints were responded to appropriately.

Good

Is the service well-led?
There was good leadership of the home.

There was a positive, open culture with management seeking to improve the service where this was possible.

There were systems in place to monitor the safety of the service provided to people.

Good

The Crescent Care Home with Nursing

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 was 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.

The inspection took place on 28 October and 3 November 2015 and was unannounced. One inspector carried out the inspection over both days. During the inspection we met everyone who lived at the home and spoke with five people in depth about their care. We also observed interactions between the staff and people living at the home. The registered manager assisted us throughout the inspection. We spoke with eight members of staff, a visiting relative, a GP and commissioners of the service.

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 reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We also looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at The Crescent Care Home with Nursing.

Good

Is the service safe?

Our findings

People living at the home we spoke with had no concerns about their safety, telling us that they could not fault the care and support they received at the home. For example, one person told us, "I would recommend this home to anyone".

People were protected from abuse and avoidable harm because there was good oversight of people's care and treatment by management and staff had been trained in safeguarding adults. The staff we spoke with confirmed they had been trained in safeguarding adults and were aware of how to report any concerns. Records were in place to show that all staff had received this training and that they received update training each year. Staff were also aware of how to whistle blow should they have concerns about practice in the home.

There systems in place to make sure that risks were assessed and managed. For example, the registered manager had completed a risk assessment of the premises and this had very recently been reviewed and updated. The risk assessment identified potential hazards and then taken steps to minimise the risk from these hazards. Potential hazards identified included risks from hot surfaces and trip hazards. The home also had a policy on smoking. Smoking was not permitted in the building, but there was a smoking area and the policy balanced rights of people who smoked with those who did not and the overall risks.

Risk assessments had also been completed with respect to people's care. For example, risk assessments had been completed concerning risks of malnutrition, development of pressure sores, risk of falls and risks of choking. We found that the home was not 'risk averse', taking away people's right to take risks were they had the choice and freedom to do so. For instance, two people had been assessed as at being at risk of choking because of a poor swallow reflex. Speech and language therapists had recommended that a 'safe swallow' plan should be followed with drinks thickened for these people to reduce risk of swallowing. However, following discussions with both people in which risks were discussed, both people had elected to sign a disclaimer that they did not wish to have drinks thickened. This corroborated what one person told us, "They really do listen to what you have to say".

Another system for minimising potential risk was the monitoring and reviewing of accidents and incidents that occurred in the home. Following any accident, the registered manager reviewed the person and their records to make sure that any identified actions had been followed through. At the end of each month accidents and incidents would also be reviewed overall, to look for any trend or hazard where action could be taken to reduce further such occurrences.

We found that equipment in the home was serviced to required timescales, thus ensuring it was safe to use.

People who had bedrails in place, to prevent their falling from bed, had a risk assessment on file to make sure these were fitted correctly and the risk assessments were regularly reviewed.

Everyone we spoke with (people living at the home, relatives and staff), all felt staffing levels were sufficient to meet people's needs. People told us their call bells were answered in good time and that their care and treatment needs met. The registered manager told us that at the time of inspection there were as follows:

8am to 2pm; two nurses and four healthcare assistants.

2pm to 8pm; one nurse and four or five healthcare assistants.

Night time; one nurse and three healthcare assistants.

The registered manager told us that although dependency tools were not used to determine staffing levels, staffing needs were reviewed on a day to day basis. She was able to give us examples of times when staffing had been increased to meet needs, for example on outings or when particular people had end of life care needs.

We looked at how staff were recruited to work at the home. We found there was a core of people who had worked at the home for many years and very few people had been recruited to the staff team since our last inspection in July 2013. We looked at the recruitment files for three staff who had been employed since the last inspection. All the required records and checks required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required. Prospective members of staff completed an application form, were subject to interview and references taken up. Checks had also been made against the register of people barred from working in positions of care.

Good

Is the service safe?

We looked at arrangements for managing medicines held within the home. People we spoke with had no concerns about the way their medicines well managed and administered.

There were suitable storage facilities for storing medicines; a trolley that was kept securely in the office, a small fridge for storing medicines requiring refrigeration, and a lockable cupboard for storing other medicines and dressings. Medicines were stored safely and correctly and there were regularly audits to make sure that unused medicines were destroyed and storage areas not overstocked. Records were maintained of the temperature of the small fridge ensuring that medicines were stored here at the correct temperature. Medicines with a shelf life had the date of opening recorded to make sure that they were not used by beyond their shelf life.

We looked at medication administration records and found that these were well recorded with no gaps in the records. We saw good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. Where hand entries were made to medication administration records, a second member of staff had signed the record to verify its accuracy. Where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose.

Good

Is the service effective?

Our findings

Everyone we spoke with had nothing but praise for the staff. People made comments, such as, "I cannot fault the staff", and, "All the staff are excellent". People also told us that they could communicate effectively with all of the staff and that their consent was always obtained concerning the way they were cared for and supported. They also told us that any treatment plans were discussed with them so that they could give informed consent.

The majority of staff working at the home had worked there for many years, some for over 20 years. The team was very well qualified and the staff told us that there was good access to training with management ensuring that update training was delivered when required.

All healthcare assistants had received national vocational qualification training; one having achieved a level four, three level three and one, level two. Registered nurses were also able to undertake further training, for example one person had attained a degree in dementia care and another had undertaken tissue viability training.

All staff were required to undertake core training each year that included, safeguarding adults, infection control, health and safety, moving and handling, and medication administration for those staff who administered medicines. Staff were also required to have competency assessments for medication administration and all staff had a competency assessment regarding moving and handling. The registered manager showed us a training overview record and staff records, which confirmed the training described above have been provided to each member of staff.

The registered manager told us that all new staff received induction, undertaking the Care Certificate, the industry standard for inducting new staff.

All the staff members we spoke with said that they felt well supported by the registered manager and senior members of staff. They also told us that they received regular one to one support and supervision sessions and an annual appraisal to review their knowledge and skills. The records we looked at confirmed this.

The registered manager was aware of their responsibilities concerning the Deprivation of Liberty Safeguards (DoLS), which aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. Applications to the local authority had been made appropriately in respect of those people living with dementia who required constant monitoring and supervision.

Members of staff who spoke with had a reasonable understanding of the mental capacity act 2005. During the course of the inspection we observed interactions between staff and people living at the home and there was good communication with staff always discussing gaining consent from people for example when they assisted people with moving and handling.

People were generally positive about the food provided in the home with comments ranging from, "Absolutely brilliant", "The food is very good it is not just slapped on a plate", and "As good as one can expect". We noted that in the analysis of feedback from a survey carried out in May 2015, in response to the question 'How do you rate the choice of meals', 12 people responded good, nine excellent and just one person poor.

Within people's care plans their likes and dislikes of food were detailed and people told us that these were respected. They also told us that there was a choice of meal provided and that if one did not like what was on the menu an alternative would be prepared. The registered manager told us that specialist diets were also catered for, such as a vegetarian or gluten free diets.

Within people's care plans there was also a nutritional assessment that was regularly reviewed and updated. People were weighed every six months or at more frequent intervals if there were concerns of their losing weight. In these circumstances people would also be offered a fortified diet and a referral made to the dietician should this be required.

We found that those people who were on a 'safe swallow' plan and required their drinks to be thickened had a thickened drinks available to them when we visited them in their rooms.

Each person was registered with the GP and arrangements were in place for people to receive chiropody, dentistry and other health care services. The registered manager told us that the home had good links with the multiple sclerosis nurses and also with the palliative care unit. The home had accessed specialist support from the Parkinson's nurse for one particular person.

Good

Is the service caring?

Our findings

Everyone we spoke with during the inspection was extremely positive about the care they received and the home. People made comments such a person, "I can't fault the staff, they are very kind", "The care here is absolutely superb; it is carried out thoroughly but quietly". A GP we spoke with said, "The home provides exceedingly good care"; and a relative we spoke with said, "The home is one of the best and everyone has a caring attitude".

During the inspection we observed staff interacting with people. For example, we saw people being assisted with equipment to meet their moving and handling needs. Staff were patient and caring with people, explaining how they would assist them making sure that they were comfortable and appropriately supported.

Staff we spoke with knew people's needs, their life histories and the relationships important to them.

People's spiritual needs were addressed with a local vicar and members of the Salvation Army regularly attending the home.

People told us that they were involved in how they were cared for and supported. The two people who had decided that they did not wish to follow the safe swallowed plan guidance of health care professionals, exemplified how people were involved in the care and able to exert their own choice.

People told us that their privacy and dignity was respected. GPs and other health care professionals, when visiting the home, were taken to people's rooms for consultations to ensure confidentiality and privacy. People could choose when they wanted their curtains opened in the morning, or whether to have her bedroom door open or closed. We observed that when staff were providing personal care to people, bedroom doors were closed to ensure people's dignity and privacy. Screens were available to cordon off areas for people's privacy should this be necessary.

Friends and relatives were able to visit whenever they wished and were able to take people out of the home.

The home had achieved accreditation for the Gold Standard Framework for end of life care. People's wishes concerning the arrangements for care at the end of their life had been discussed with them and advance care plans to reflect this were in place. We saw many letters of thanks and gratitude from relatives about the way people have been care for towards the end of their life. At the time of inspection there were two people living at the home who had been referred for end of life care, whose health had significantly improved so that they were enjoying a good quality of life. The registered manager told us that following any death, a review was carried out to look at whether there were any lessons where there could be improvement of the service.

Good

Is the service responsive?

Our findings

Before the inspection information of concern was shared with us that everyone in the home was woken and given breakfast early in the morning whether this was their choice or not. On the first day of the inspection on 28 October 2015 we started the inspection at 6.15am. We found that the lights were on and curtains opened in the majority of people's bedrooms, breakfast trays being prepared and the trained member of staff busy with medication administration. Many people were still asleep in bed with their lights turned on. Staff we spoke with and the registered manager told us that it was people's wish to get up early and they gave examples of some people who chose to get up later and were not disturbed.

Within people's care plans there was some, but not detailed, information of people's preferred routines for the day. However, when we spoke with people there were a few who said that they would prefer to be woken later than 6am. We discussed our findings and concern with the registered manager. In all other respects we had found people's care was personalised to their needs and wishes.

On the second day of the inspection on the 3 November 2015 the registered manager told us of the action they have taken in response to our concern. They showed us the results of a survey they had undertaken with everyone living at the home. People had been asked: what time they wished to be woken, the time they wished for breakfast be served, the time they wished for their curtains to be opened, the time they wished to go to bed, whether they wished to have their lights turned on or off during the night and the drinks they would like to be served before they went to bed and when they woke up. The registered manager had also held three staff meetings, to ensure they involved all members of the night staff, to gain their views and to inform them of changes that people wished to be enacted around the morning routine. During the second day of the inspection people we spoke with on the first day, who had told us they wished to be woken later, said changes had been made to meet their preference.

Before people moved into the home an assessment of their needs was carried out to make sure that the home was suitable to meet these.

On admission, more detailed assessments were carried out about how the home would meet people's personal care needs, nursing needs as well as assessments focusing on risks, such as malnutrition, skin ulceration, and people's moving and handling needs.

From these assessments, care plans had been put in place to inform the staff of how they should meet people's individual needs. The care plans had been regularly reviewed and reflected the needs of people whose personal and nursing needs we tracked through the inspection.

At the time of inspection no one needed their fluid intake monitoring but systems were in place should there be concerns that a person was not having enough to drink. There were also systems to monitor equipment, such as air mattresses to make sure that they were set at the appropriate setting to correspond with a person's weight. There were also systems in place to manage people's wounds. The registered manager told us that they took pride in the low incidence of pressure sores.

Two members of staff had received training and were responsible for providing activities and social stimulation to people in the home. We spoke with one of the members of staff providing on activities on one day of the inspection. They demonstrated knowledge of people's personal histories and particular likes. For example one person liked the music of Glenn Miller, which was accessed for this person using a tablet computer, much to their enjoyment. The staff member also told us about how they had put one particular person in contact with their son via the internet, when they had had no contact for many years. As well as providing group activities in the living room, the member of staff ensure had one to one contact on a regular basis with people who spent time on their own in their rooms. Records were maintained of all activities undertaken with people.

The home had a well-publicised complaints procedure, this being detailed in the statement of purpose, (a copy of which was provided in each person's room), on the notice board in the hall and in the information booklet to at the front reception area of the home. No one we spoke with had any complaints about the service they received. We looked at the complaints book and found that over the years there had been very few complaints. Those that were recorded had been responded to appropriately.

Good

Is the service well-led?

Our findings

We found there was an open, positive and inclusive culture at the home. People living at the home, the staff, and relatives all spoke highly of the registered manager and the management team. They told us that the registered manager was always available and open to speak about any concerns or issues about the running of the home. The speed and willingness of the registered manager to address and implement changes as a result of the concerns we brought to them on the first day of the inspection demonstrated their good leadership.

The registered manager and other members of staff with delegated responsibilities for management all worked occasionally 'on the floor' so they understood people's needs and demands and responsibilities of the staff.

Staff meetings were held regularly and staff told us that they had the opportunity to put forward their views, which were listened to.

Each year a quality assurance survey was carried out, seeking feedback on the service to identify areas where improvements could be made. Views were sought from relatives, people living at the home and stakeholders. We looked at the analysis of returned surveys, carried out earlier in the year, which reflected very positively on the care provided at the home and the service overall.

We found that there were various audits carried out, such as medication and care plan audits, to make sure that systems were working as they should.