

Leicestershire County Council

# Smith Crescent Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Smith Crescent Care Home is a care home that provides short stay care and accommodation for younger adults with learning and physical disabilities. At the time of our inspection, there were two people using the service and 23 people regularly used the service for short stays.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs. People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care. People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated to kind and compassionate care maintaining their dignity and confidentiality. Staff knew and were sensitive to people's individual needs. People were supported respectfully and individually and, a warm and welcoming atmosphere had been developed. People were able to personalise their rooms during their stay and were encouraged to be independent. People had opportunity to meet with the registered manager to discuss any concerns and visitors were welcomed to the service anytime.

The care provided was person centred and delivered the way people preferred to meet their individual needs. Staff understood people's needs with regards to the protected characteristics of the Equality Act 2010. Information was available to people in accessible formats and staff knew people's communication needs and understood how best to engage and support people. People were enabled to pursue hobbies and interests and be a part of the local community. Relatives knew how to make a complaint and felt confident doing so.

The service was managed well and there was an effective quality assurance processes in place. The service strived to improve the quality of the care for people. Action plans were developed following any shortfalls in the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 18 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow-up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Smith Crescent Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This 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.

#### Service and service type

Smith Crescent is a 'care home' that provides short-term breaks. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service, five relatives and one visiting friend about their experience

of the care provided. We spoke with six members of staff including the registered manager, team leader, care staff and the improvement manager.

We reviewed a range of records. This included three people's care plans and records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of avoidable harm. One relative told us, "[Name] is safe. Staff are on the ball and intervene quickly when [name] becomes argumentative. They are also very careful to keep the door locked."
- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff knew what actions to take if they had concerns and had a good understanding of reporting serious concerns to external agencies under whistleblowing procedures.
- The provider's safeguarding policy provided guidance and information for staff to follow. People and relatives had access to easy read information, which supported them to understand key information and their rights to be protected against discrimination.

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. People had a range of risk assessments relating to their care and support and environment.
- People's risks were regularly reviewed each time they stayed at the service, and staff were informed of any changes. This meant people could continue to be supported safely.
- People had evacuation plans in place in case of emergency. They detailed how to support people safely.
- The premises were safe and prevented people being at risk of avoidable harm.

Staffing and recruitment

- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which helps employers to make safer recruitment decisions.
- Relatives told us there were always enough staff around to meet people's needs and interact with people.
- Staffing levels were assessed based on people's support needs. The registered manager was in the process of implementing new rotas to improve working patterns for staff and consistency for people.

Using medicines safely

- Medicines were managed safely. People came with sufficient amounts of medicines for their stay and these were stored safely.
- Staff were trained in administering medicines and records were maintained to demonstrate people had received their medicines as prescribed.
- We found staff were not using codes on medicine administration records (MARs) consistently. For example, to indicate medicines had been sent to day services. The provider was in the process of

introducing new systems and procedures that would encourage more robust audits and checks.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. For example, staff were provided with gloves and aprons when providing personal care, and we observed staff using this during our inspection.
- Staff received training in infection control and there was a policy and procedure in place which staff were required to follow.

#### Learning lessons when things go wrong

- The registered manager told us they knew the importance of learning lessons when things went wrong. Actions were followed, and staff were informed to prevent further occurrences.
- For example, following a 'near miss' incident, staff were reminded of the importance of checking care and support information was up to date and reflected current needs for each person's stay.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care and support needs assessed to ensure they could be met, and staff were provided with essential information to manage people's risks.
- People's protected characteristics under the Equality Act were considered and respected. This meant people's specific needs, for example relating to their religion, culture or sexuality were respected and met.

Staff support: induction, training, skills and experience

- Relatives told us that staff were trained and knowledgeable to meet people's needs. One relative told us, "They [staff] have really good interpersonal skills. They cope with changes in [name's] moods really well and handle [name] tactfully, better than I do."
- An induction and ongoing training programme were in place to ensure staff were provided with the relevant skills and knowledge to meet people's needs.
- Agency staff completed mini-induction before they started their shift, which included a checklist of their knowledge and skills.
- Staff had access to training that was specific to people needs, for example dysphagia (swallowing difficulties).
- We received mixed views from staff on the support they felt they received in their roles. The provider was in the process of restructuring staff roles and responsibilities and there had been recent management changes. The registered manager told us the provider had ensured staff had access to consultative support and were able to share their views during this time.

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

- Care plans provided details of people's allergies, dietary needs and preferences and how staff should accommodate these needs. One relative told us, "Staff are very careful with [name's] food intake, as [name] has diabetes. They check [name] doesn't eat more than [name] should."
- We observed staff offered people drinks, respected when they declined, but ensured these were re-offered later to protect people from the risk of dehydration.
- Staff took care to stock people's favourite foods when they stayed in the service, whilst also promoting healthy eating. Specific diets were catered for, such as Halal or vegetarian.

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

- People were mainly supported by their relatives to access healthcare. However, relatives told us and records confirmed people were supported to attend appointments or staff consulted healthcare

professionals if they had concerns about a person's wellbeing.

- People's care plans included information about agencies that could provide support if a person's needs changed. For example, epilepsy management plans included a protocol advising staff when to contact health professionals.
- Staff had completed health grab sheets which could be used to provide essential information in the event a person was admitted to hospital during their stay.

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

- The environment was clean, safe and hygienic. Rooms were light and airy and personalised for each person's stay.
- People were able to access communal areas such as a lounge, conservatory/activity room and sensory garden room.
- Some areas of the service were tired and not fully accessible throughout for people with mobility difficulties. The provider had recognised this and plans were underway to build a new, purpose built service adjacent to the current premises which would improve accessibility and support people's needs more effectively.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make choices and decisions about their care and support had been assessed.
- People's care plans included guidance for staff to support people to make choices and decisions, and included when these should be referred through best interest processes.
- Staff were aware where people had DoLS in place and these were applied for appropriately for the duration of their stay.
- We saw staff sought consent before providing care and support, consulted with people and respected their right to decline care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Relatives told us staff were kind, caring and compassionate. One relative told us, "They [staff] have a good attitude. If [name] wasn't happy, [name] would soon tell us. [Name] is well looked after."
- Staff took pride in the care and support they provided. One staff member told us, "We do everything we can to meet people's needs; they come first."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's wishes and preferences in relation to their lifestyle choices, relationships and culture.
- We observed relatives and visitors were welcomed by staff and could visit at any time.

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

- Records showed, and relatives confirmed that people and appropriate relatives were involved in informing the person's care plan and in making decisions about their care.
- Staff supported people to make choices and respected their decisions. One staff member told us, "We don't enforce our views on people. They may make different choices to those we would and that's fine, that's their right."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's independence was maintained by staff. One relative told us they knew staff encouraged their family member to dress independently, even though they didn't always get it right, they appreciated staff recognised the person's abilities.
- Staff recognised and protected people's right to privacy and dignity. They described how they supported people sensitively when providing personal care, such as keeping people covered, and used people's preferred names.
- People's confidential information was kept secure by staff. Staff had locked cabinets and offices where they could keep information safe.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred, they included information about the person's background, their current needs, their likes and dislikes. Care plans recorded what was important to people such as how to uphold their self-esteem, hobbies and relationships or people that were important to them.
- Relatives told us they were involved in the review of their family member's care. One relative told us, "We go through everything [with staff] and check there are no changes."
- Staff demonstrated that they knew people well. We observed they provided care in line with information and guidance in people's care records.

Meeting people's communication needs

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

- People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans.
- The building had signage with pictures to help people navigate around the home. Key information had been transcribed into easy read formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their hobbies and interests and to go out into the local community with staff. Staff also put on special events for people, such as afternoon tea.
- There was a range of sensory equipment and a variety of in-house activities for people to engage with. People were also able to bring their own equipment activities to use during their stay, such as computer games.
- People were able access the service computer to stay in touch with family and friends or use for activities.
- Staff developed positive relationships with people's carers and relatives. Communication books informed carers and relatives of activities the person had engaged with during their stay, as well as their general health and well-being.

Improving care quality in response to complaints or concerns

- Relatives told us they would speak to the manager or to a member of staff if they had any concerns or complaints.

- A concerns, compliments and complaints folder was available for people and visitors in the reception area. This included a copy of the complaints procedure advising how complaints would be managed, also available in easy read format.
- Records showed complaints had been investigated and complainants responded to. The registered manager had identified any lessons to be learnt and made improvements as a result of complaints.

#### End of life care and support

- Although no one was receiving end of life care at the time of our inspection care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the staff team were passionate about providing person centred care. People were at the centre of their care. The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- The registered manager knew all the people using the service well and was involved in supporting them.
- Relatives spoke of an open, approachable service. Comments included, "The unit is run by helpful staff who are receptive to questions and always accommodating for us to visit. On the whole my family member is very happy there and is well cared for," and "All the staff and the manager are very approachable. When I ring at different times, everyone seems to answer in the same helpful way and they pass on messages."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured there were systems in place to support compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The provider had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. For example, they undertook regular quality checks on areas such as medicines, infection control, care planning and the environment to ensure people were receiving good quality care.
- In addition to internal audits, the provider sent in representatives to ensure overall compliance with regulations and benchmark the service against other services.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up-to-date with any changes.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- Staff were clear about their responsibilities, though there was some anxiety about roles regarding the proposed re-structure.

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

- People were supported to share their views through a number of ways. These included putting comments about their stay, care and support on a 'reflective tree' to share with others and completing a survey after their stay. Staff also completed communication books with photographs to carers to demonstrate what people had been involved in during their stay, and their responses.
- Relatives were able to share their views informally and through surveys. Results of recent surveys were positive. Comments were used to develop a 'you said, we did' action plan from the registered manager advising on any improvements or changes that had been made.
- Staff were able to share their views at meetings and through the provider forums.

Continuous learning and improving care

- Staff representatives and the registered manager attended the provider forums, such as health and safety, to ensure they were up to date with best practice.
- The registered manager was working with the provider in the re-design of the premises to ensure the environment supported people's needs and helped people to achieve the best possible outcomes.
- The registered manager submitted action plans and provided key information to the provider on a regular basis. This helped to demonstrate where improvements were required and lessons that had been learnt to improve the care and support provided.

Working in partnership with others

- The registered manager and staff had forged positive relationships with the local community. For example, pending extensive building work for the new premises, the registered manager had arranged to share building plans in different formats to support the local communities understanding of the work and impact for them. This had been received positively.
- Staff worked in partnership with other agencies, such as health and social care professionals to ensure people received joined-up care. This meant people had the right access to support when they needed it.