Care Quality Commission

Crescent Home Limited

Crescent House

Inspection report

3 The Crescent
Northampton
Northamptonshire
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Tel: 01604 716951

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Ratings

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

Overall summary

This inspection took place on 12 November 2014 and was unannounced. Crescent House is a family run care home located within the Abington area of Northampton town centre. The home provides residential care without nursing for up to 33 older people. There were 30 people living at the home at the time of the inspection.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

At the last inspection on 13 June 2014 we asked the provider to take action to make improvements to the service. This was around the care and welfare of people and assessing and monitoring the quality of service provision. The provider had taken appropriate action to address the improvements required.

Summary of findings

People said they felt safe at the home and that the staff worked hard to make sure they received the care and support they needed. The staff knew the support that people needed and were able to effectively deliver people's essential care needs. People living at the home and relatives were very complimentary of the quality of care provided by staff in meeting their physical needs, although they said that staff found it hard to have the time to spend with them to engage in social and recreational activities.

Safe staff recruitment systems were practiced and staff received appropriate training and support to ensure that they had the right skills to support people living at the home.

Medicines were not always stored appropriately and the matter was being addressed by the provider.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and reports on what we find. DoLS are a code of practice to supplement the main MCA these safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that the manager had knowledge of the MCA 2005 and DoLS legislation. They confirmed that no people living at the home required a DoLS authorisation to be put in place.

People told us they were provided with a variety of meals and snacks. The provider used a catering company that supplied frozen meals that provided people with a variety of meals that were analysed against their nutritious content and catered for specialist diets. The staff supported people at risk of poor nutritional intake, by discreetly monitoring their food and drink intake.

People had individualised care plans in place and their healthcare needs were regularly monitored, and assistance was sought from the relevant professionals so that they were supported to maintain their health and wellbeing.

The manager worked closely alongside staff on a day to day basis and provided staff supervision and appraisals. The day to day administrative tasks were carried out by the company director. People were assured that improvements to their living environment, repairs and routine maintenance, were carried out in a timely way.

Quality audits, for example, reviews of people's care records, staff recruitment and medicines were carried out. However it was noted the benchmarks were set against the standards of the Commission for Social Care Inspection (CSCI), which was one of the predecessor organisations of the Care Quality Commission. During the inspection it was pointed out to the provider that they focus their quality audits of the care provided, against the current Health and Social Care Act (HSCA) 2008 regulations and the five domains of safe, effective, caring, responsive and well led.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always stored safely. The provider said they would address the issue to ensure that all medicines were stored in accordance with the pharmacy storage instructions

The care staff were very conscientious in meeting people's physical health and personal care needs. However additional duties placed upon them, above their caring responsibilities, meant they had little time to engage in meeting people's social needs.

Staff were recruited with the necessary checks carried out to protect people from receiving care from persons who were unsuited to the job.

Staff knew how to report any concerns they may have of abuse to the provider and the safeguarding authority.

Is the service effective?

Good

The service was effective.

Staff received appropriate training in order to fulfil their roles and responsibilities.

Staff knew their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS).

People were given a choice of meals that provided them with a varied and nutritious diet.

People had regular access to community healthcare professionals.

Is the service caring?

The service was caring.

People said the staff treated them with kindness, dignity and respect.

People said they were involved in making decisions about their care and the way it was provided.

The staff were able to tell us in detail how they cared for individual people living at the home, which indicated they knew the people well.

Is the service responsive?

The service was responsive.

People's needs were assessed and regularly reviewed.

People's care was individualised and their care and support was tailored to meet their individual needs as much as possible.

Summary of findings

People knew how to raise any complaints. We found that appropriate action was taken to resolve complaints.

Is the service well-led?

The service was well – led.

The registered manager worked closely alongside staff, and provided informal staff supervision on a day to day basis, in additional formal staff supervision meetings and appraisals took place.

People, including visitors, said the manager was very approachable and encouraged them to approach them if they were unhappy with the service provided. Staff said the manager was always willing to help and offer guidance when needed.

The staff had a good understanding of their roles and responsibilities.

The provider worked positively and in partnership with service commissioners.

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 inspection took place on the 12 November 2014 and was carried out by two inspectors.

We sent a 'provider information return' (PIR) to the provider. 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. This was returned to us within the timescale set.

We contacted care commissioners to obtain their feedback on the service. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with five people who used the service, five visiting relatives and six care staff. We also spoke with the registered manager, the deputy manager, the company director and two visiting healthcare professionals.

We reviewed the care records for three people using the service. We looked at staff handover records, people's individual risk assessments and care monitoring records. We also looked at management records in relation to staff recruitment, staff training, accidents and incidents, compliments and complaints.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with confirmed they felt safe at the home. One person said, "I feel very safe here, much more than I did when I was living alone." Visitors also confirmed that they had no concerns about the safety of their relatives living at the home.

People said they thought there was sufficient staff available to meet their physical care needs, but staff rarely had the time to spend socialising with them. One person said, "The staff come in and out and sometimes I do feel I am a little rushed. " Another person said, "The staff call on me when there is something to do, but they don't seem to just to call in to say hello, to see how I am."

A further person said, "I would like to ask the staff to cut up my meal when it arrives, but because they are so rushed I try to do it myself." Most of the people we spoke with were of the opinion that they would appreciate it if staff were able to spend more time with them.

The staff also spoke of not having the time to socialise with people using the service. One member of staff said, "I think the care we provide is very good but it is task focussed, It would be great to have the time to spend, just to have a chat with people." Another member of staff said, "If only we could have another person to help make the beds, do the washing up and the laundry, it would make all the difference and free up time to spend with residents."

A visitor said, "The staff are very friendly, but they always seem to be very busy." Another visitor said, "I have never seen the staff come to any of the entertainment gatherings with residents. They always seem busy, they bring people down to the entertainment and then disappear to go and do their work."

During the inspection the manager worked alongside staff providing hands on care for people. They also helped out in the kitchen, preparing light meals and snacks. The staff rota indicated that the manager was allocated to work as a 'floater'. This meant they were available to provide assistance where needed. However records on the staff rota showed that the manager had worked continuously for four weeks without taking a day off. The manager also confirmed the rota was correct and that it was their usual working pattern. The staff said the manager was very supportive and often worked alongside them. However they also said that sometimes the manager was busy doing other things, such as working in the kitchen. Therefore the information on the staff rota may not have always reflected the actual number of care staff available each day. In addition the manager allocating themselves to work continuously without a day off was potentially unsafe practice.

The majority of people living at the home chose to spend their time within their rooms and some people were cared for in bed. The layout of the home comprised of two care units, called the Drive and the Crescent, both linked by internal corridors leading to a central communal lounge and dining areas. There was also accommodation on the first floor. We noted that the nurse call point for staff to check who called for assistance was on the ground floor, the staff said that when they were working with people upstairs and the call alarm was activated that they had to go down the stairs to see who needed assistance. One person said, "When the staff are working upstairs and the call bell rings they have to go downstairs to check to see who it is, even if the person who rang the bell were calling from upstairs. This could have caused potential delays in staff responding to the call bells, especially for people residing on the first floor.

From what people told us and our observations during the inspection the staff were very conscientious in meeting people's health and personal care needs. However the additional duties placed on them, such as delivering meals to people's rooms or laundering people's clothes restricted their availability to spend time, engaging with people in day to day social, leisure and recreational activities. Therefore consideration was needed when calculating the care staffing levels, as to the layout of the building, the additional duties placed upon staff above their caring responsibilities and the impact of staff working excessive hours.

The staff confirmed they had received training on safeguarding people from abuse. They were knowledgeable about the different forms of abuse and knew how to report any concerns of abuse to their managers. They knew the 'whistleblowing' procedures, on how to report abuse to other agencies, such as The Care Quality Commission (CQC) and the local authority safeguarding agency. We found the provider had taken appropriate action in response to investigating safeguarding concerns.

Requires Improvement

Is the service safe?

The provider had installed a closed circuit television (CCTV) system in the communal areas of the home. They provider said they had installed the system to enhance the safety and security for all people using and visiting the service. They also said they had consulted with the people who used the service, staff and relatives when deciding to install the CCTV surveillance system.

Risk assessments were in place to manage risks to people's health and wellbeing. For example, the risks of developing pressure sores due to poor health, frailty and immobility. The assessments had considered the most effective ways to minimize the risks and prevent any deterioration in people's health conditions. The risk assessments were reviewed and updated on a monthly basis to ensure that the information within them remained current.

Accidents and incidents were documented. However we saw that staff and resident accidents where logged in one notebook and the identity of the person, whether staff or resident was not clearly identifiable. Also records were not available to demonstrate how the provider continually reviewed the nature of accidents and incidents to identify any themes and take necessary action to prevent re occurrences.

Staff recruitment was managed safely and effectively. The provider had carried out the necessary recruitment checks. For example, obtaining employment references, identity verification and checks though the Government Home Office, Disclosure and Barring Service (DBS), which included a Criminal Records Bureau (CRB) check. The staff we spoke with confirmed they had provided all the necessary documentation to the provider prior to commencing employment.

The staff responsible for administering medicines to people had received appropriate medicines training. During the inspection we observed staff giving medicines to people, which was carried out safely and we also observed that staff completed people's medicines administration records (MAR) charts accurately. However we saw the key to the controlled drugs medicines store was not stored securely. We brought this to the attention of the manager and they promptly arranged for a separate key storage facility to be made available to ensure the key was locked away safely.

Medicines that required refrigeration were monitored on a daily basis to ensure they were stored at the correct temperature. . However we found that some medicines required to be stored at temperatures below 25 degrees were not always stored safely. This could have resulted in the potency of some medicines being altered, due to being stored at higher temperatures than the medicine storage instructions recommended. The provider said they would be addressing the issue to ensure that all medicines were stored in accordance with the pharmacy storage instructions.

There was a protocol in place for administering 'as required medicines' for example, medicines for pain relief. It stipulated the maximum dose of tablets or liquid medicine to be given to people as and when required to ensure they were administered safely.

Systems were in place to protect people's safety in the event of an emergency, for example, personal evacuation plans were in place for all people using the service. Maintenance contracts were in place for the fire, lighting, water, gas and electrical systems and moving and handling equipment, such as hoists. The provider had also invested in a defibrillator machine, which would enable staff to respond quickly in the event of a person experiencing a cardiac arrest.

Good

Is the service effective?

Our findings

Staff told us they were provided with induction training upon taking up their post. They said the training had provided them with the knowledge needed to perform their duties. The provider told us they had an arrangement with Northampton College for staff to work towards a Quality Care Framework (QCF) care diploma. Previously known as a National Vocational Qualification (NVQ). The staff we spoke with confirmed they had either completed the qualification or were working towards achieving it. One member of staff said, "I am really enjoying doing my diploma, it's good to have a qualification that recognises the importance of the work we do."

The staff confirmed that they met with their line manager every six months for individual supervision. This included discussion about their work performance and any learning and development needs. Annual appraisals were also carried out. One member of staff said, "The manager is very supportive, she offers support and help whenever she can."

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and is required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to ensure that people are looked after in a way that is least restrictive to their freedom. The provider told us that training on MCA and DoLS was provided for staff. They told us that at the time of the inspection that no people using the service required a deprivation of Liberty Safeguards (DoLS) authorisation.

Visitors told us they had been involved in making 'best interest' decisions on behalf of their relatives who lacked capacity to make some decisions, such as, staff taking on the responsibility for administering their medicines.

The provider told us they contracted an outside catering company that specialised in providing frozen meals. They said before taking up the service people living at the home had been consulted and took part in tasting sessions to decide on the meals they wanted to be included on the menus. The provider also told us that the company provided nutritional data on all of the foods they supplied and that special diets were available. One person said, "There is plenty of choice and variety." Another person said, "The meals are fine, we always have a choice of two options." The menus included seasonal choices and fresh fruit and snacks were available for people in between meals.

One person said they liked to take all their meals in their room. They said that sometimes they bought food items themselves. They showed us their store cupboard that contained their favourite soups and snacks. The person said they liked to have them as an alternative whenever they felt like it.

Over lunchtime the atmosphere within the dining room was relaxed, the meal was unrushed and people quietly chatted to each other at the dining tables. We observed the staff regularly offered people a selection of hot and cold drinks. They sensitively provided help to people who needed assistance to eat and drink in order to preserve their dignity. They ensured that each person had sufficient quantities to eat and drink and extra helpings and alternative foods were offered to people as needed.

Individual nutritional assessments were carried out and the staff discreetly monitored people's food and drink intakes and reported any change in their food and drink intake to the attention of

the GP and referrals had been made to dietician services as required.

People told us they were pleased with care and medical support they received. Their care records contained sufficient information on how healthcare needs were regularly assessed and monitored. The records showed that the staff contacted the relevant health care professionals in response to sudden illness and changes in health conditions and that staff acted on the instruction given from.

People who were cared for in bed and at higher risk of developing pressure sores had been provided with high specification 'intensive care' style beds. The beds had integrated sensors that adjusted the position and firmness of the mattress in response to the weight and position of the bed occupant. This limited the amount of pressure placed on areas of the body to further reduce the risks of any skin damage.

As a further precaution staff also assisted people to be repositioned in bed. Reposition charts were in use for staff to record when they had assisted people to move.

Good

Is the service effective?

However, we noted the staff were not consistently recording the times on the charts when they had re positioned people. This raised some concerns that staff may not have know when a person's position had been changed and could then move them back into the position that they had recently been moved from. The manager said they would address the importance of staff keeping robust repositioning records with staff as a matter of urgency.

During our visit the district nurse visited the home to administer the 'flu' vaccination to people. People we spoke with told us they had been asked if they had wanted to have the vaccination and had given their consent. The district nurse confirmed the staff communicated well with the local GP surgery and that they worked very closely together. They told us they usually visited the home on a daily basis and that the local GP's visited the home on a weekly basis.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness, dignity and respect. One person said, “the staff are very kind, we get on well together, and they always make sure I have my privacy.” People were able to spend time in private if they wished to. People said they were encouraged to personalise their room with items they valued, such as photographs and small pieces of furniture.

People invited their visitors into their rooms or met with them in the communal lounges or quieter areas where there was seating. Visitors said they were always made welcome.

We saw that staff knocked on people’s bedroom doors and asked for permission before entering their rooms. We saw that one person who was cared for in bed requested to have their door kept open, and to preserve their dignity and privacy a screen was placed at the end of their bed to prevent people looking into their bedroom.

We observed staff being respectful and polite towards people living at the home and visitors. We heard the staff call people by their preferred name and encouraged people to make their own choices. The staff were able to tell us in detail how they cared for individual people living at the home, which indicated they knew the people well.

The provider told us that they carefully selected staff that had a caring disposition and the right values to work within a care home environment. Many of the staff had worked at the home for a number of years and this provided people with continuity of care.

People were encouraged to share information about their lives, occupations, hobbies and interests so that care could be provided to meet people’s individual preferences. This was so that staff could have an insight into the individuality of each person and their care and support tailored to meet their individual needs. For example, one person loved cats and with their agreement, the provider had arranged for the homes cat to share their bedroom to provide pleasure and company for the person.

Relatives and friends were welcome to visit at any time of the day. During our inspection many visitors came throughout the day to visit their relatives. They were complimentary about the way the staff treated them and their relatives. One relative said, “I cannot fault the staff, they care for [name] very well”

Staff were aware of people’s diversity and understood that they had to respect people’s choices and preferences when caring for them. Weekly religious services were provided for people to attend if they wished.

Only staff, appointed family members and health and social care professionals had access to people’s care records and they were stored securely. On appointment to work at the home all staff were required to sign a confidentiality policy to protect the privacy of all people living at the home.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission and their care was planned and delivered in line with their individual needs. The people we spoke with confirmed they had discussed their care needs when they had first moved into the home, they also confirmed that the staff discussed any ongoing changes in their care needs with them. People told us that this made them feel that they had been listened too.

People's care plans had been regularly reviewed and updated as their needs changed. We observed the afternoon staff handover, which confirmed that staff passed on key information from shift to shift. For example, the district nurse had visited during the morning and the staff passed on information to the afternoon staff on important changes in one person's care that staff needed to be aware of during their shift.

The provider said that they had installed a new call bell system and that they were able to monitor the time it took for staff to respond to people, they demonstrated the system to us and we saw that staff had responded promptly to people's call's.

A programme of social activities was on display on a notice board in the corridor. It gave the dates of when religious services were provided and when entertainers, musicians and singers were due to visit. On the day of our visit a saxophonist visited the home to play for people. We observed that 10 people attended and they all appeared to enjoy the music, singing along and tapping their feet in time to the music. One person said, "I know that they put entertainment on for us, but I prefer to stay in my room and don't usually attend, it's not my sort of thing, but I am enjoying this." One person said, "I really don't think the staff have the time to socialise with us."

On admission to the home people were given information on how to raise any complaints about the service. People told us they felt able to complain if ever they needed to. One person said, "If I had any reason to complain I would speak directly with the manager." The provider confirmed that over the last 12 months, they had received one written complaint, which had been fully investigated in co-operation with the Local Authority safeguarding team. We noted that there were no complaints logged in the homes complaints book, the provider told us that was because they were always available to sort out any issues as soon as they had been raised. We noted that there were seven written compliments about the care people received at the home.

Good

Is the service well-led?

Our findings

Crescent House is a family run care home. The manager worked closely alongside staff, and provided informal staff supervision on a day to day basis. In addition formal staff supervision meetings took place regularly with the manager for staff to reflect on their work performance. The staff said the manager was very supportive and played a large part in modelling the standards of care expected of staff. They said the manager was fully aware of the needs of individual people that lived at the home. The manager lived on site and told us they rarely took time off work. We stressed to them the importance of taking rest days to maintain a healthy work life balance.

People said they liked living at the home and they felt their opinions were valued. People, including visitors, said the manager was very approachable and encouraged them to speak to her if they were unhappy with the service provided. Staff said the manager was always willing to help and offer guidance when needed.

The staff had a clear understanding of their roles and responsibilities with regard to ensuring people received the care they needed. The manager was able to demonstrate that they worked positively and in partnership with service commissioners who also have a quality monitoring role when visiting the home.

The day to day administrative and quality monitoring duties were carried out by the company director. They told us that quality assurance surveys were carried out annually and the results analysed so they could take any necessary action to improve the service. We looked at the results of the last satisfaction survey carried out in January 2014. They showed that overall people were pleased with the service they received at the home. One area identified for improvement was the provision of activities; the provider told us that as a result they had designated a member of staff to take on the task of organising activities for people, such as arranging outside entertainers to come into the home.

People were assured that improvements to their living environment, repairs and routine maintenance, were carried out in a timely way. For example, systems were in place to routinely check the gas, water, electrical and fire detection systems and equipment, such as fire fighting equipment, hoists and electrically operated beds. Quality audits, for example, reviews of people's care records, staff recruitment and medicines were carried out. However it was noted the quality audit benchmarks were set against the standards of the Commission for Social Care Inspection (CSCI), which was one of the predecessor organisations of the Care Quality Commission. We spoke with the provider about the need to audit the quality of the care provided against the current Health and Social Care Act (HSCA) 2008 regulations and the five domains of safe, effective, caring, responsive and well led.