

Crest House Care Limited

# Crest House Care Home

## Inspection report

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East Sussex  
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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

Crest House is a care home in St Leonards-on-Sea, registered to provide residential and respite care for up to 25 older people. There were 16 people living at the home at the time of the inspection.

People required a range of help and support in relation to living with memory loss, dementia and personal care needs. The home provides individual rooms for people with communal areas including a lounge and dining room. The home has a passenger lift and wide staircases with handrails to assist people to access all areas of the building. This was an unannounced inspection which took place on 12 October 2017.

Crest House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to assess and monitor the service, however, these had not identified all shortfalls found during the inspection. Accident and incident reporting needed to improve. Although staff understood how to recognise safeguarding concerns and risks were identified to help ensure people remained safe, notifications had not always been completed to the local authority as required. However, the impact of this was minimised as systems were in place to ensure that health care was sought and regular checks completed to assess and monitor people's condition after an accident or incident occurred.

Recruitment processes needed to be reviewed, not all information had been documented to give a clear audit trail and to ensure that recruitment systems were robust.

The training programme needed to be improved to ensure staff training was completed and recorded in a timely manner. We were informed immediately after the inspection that adequate steps had been taken to address this. The impact of some training being out of date was reduced as the majority of staff had worked at Crest House for many years and knew people and well and had received training in the past. However, for new staff and to ensure skills and knowledge were maintained and current a robust training schedule was needed.

People were actively involved in day to day choices and decisions. The registered manager had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) although documentation around how decisions were made and who was involved needed to be improved.

A complaints procedure was available for people to access if needed. And people told us they would be happy to raise and discuss any issues with staff or management if they arose.

People had detailed care documentation which was person centred and based on their individual preferences and support needs. The registered manager had ensured that care documentation was detailed

to inform staff and reviewed regularly.□

Medicines policies and procedures were in place to ensure people received their medicines safely. People had access to healthcare services to maintain good health.

Staffing levels were appropriate to meet people's needs. Staff felt supported and had meetings and supervision. Staff felt the registered manager was open and supportive.

People gave positive feedback regarding the food and meals at Crest House. People were supported to eat and drink well, with choices provided. Staff provided support for people who needed it and ensured that mealtimes were relaxed and sociable.

Staff knew people well and spoke kindly to people, taking the time to stop to chat and support people. People's privacy and dignity was supported and respected. Staff spoke positively about people, and showed concern for people's wellbeing. People were actively encouraged to maintain relationships with family and friends and relatives or next of kin were involved in decisions when appropriate.

People had opportunity to give feedback and suggestions were listened to and actioned. Staff felt supported by the registered manager and regular staff meetings took place. The registered manager was keen to ensure that Crest House was homely and friendly, providing person centred care for people based on their needs and preferences. They demonstrated an open approach and were keen to engage with other professionals and organisations to ensure people received safe and appropriate care.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

We have made a recommendation to ensure accident and incident reporting is robust. Recruitment processes needed to be reviewed.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Staff understood how to recognise safeguarding concerns, and risks were identified to help ensure people remained safe.

Staffing levels were appropriate to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff knew people and their needs well. A new training programme was introduced immediately after the inspection to ensure staff maintained the appropriate training and knowledge.

Staff felt supported and had meetings and supervision. Staff felt the registered manager was open and supportive.

People were actively involved in day to day choices and decisions.

Management had an understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS)

People were supported to eat and drink well. Meal choices were provided and people spoke highly about the meals provided.

People had access to healthcare services to maintain good health.

**Good** ●

### Is the service caring?

Crest House was caring.

Staff knew people well and spoke kindly to people, taking the

**Good** ●

time to stop to chat and support people.

People were actively encouraged to maintain relationships with family and friends. Relatives or next of kin were involved in decisions when appropriate.

People's privacy and dignity was supported and respected. Staff spoke positively about people, and showed concern for people's wellbeing.

### **Is the service responsive?**

**Good** ●

Crest House was responsive.

People had detailed care documentation which was person centred and based on their individual preferences and support needs.

People were involved in choices and decisions made about their care and day to day activities.

A complaints procedure was available for people to access if needed.

### **Is the service well-led?**

**Requires Improvement** ●

Crest House needed improved systems to ensure it was consistently well led.

Improvements were needed to documentation, particularly in relation to recruitment, induction and training of staff.

A system was in place to assess and monitor the service, but this had not identified shortfalls found during inspection.

People had opportunity to give feedback and suggestions were listened to and actioned.

Staff felt supported by the registered manager and regular staff meetings took place.

The registered manager was keen to ensure the home was open, and friendly, providing person centred care for people based on their needs and preferences.

# Crest House Care Home

## Detailed findings

### Background to this inspection

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

This was an unannounced inspection which took place on 12 October 2017. The inspection team consisted of one inspector. Prior to the inspection we reviewed the information we held about the home. We also looked at the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information which had been shared with us by the local authority and quality monitoring team and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed the care which was delivered in communal areas and spent time talking to people who live at Crest House and staff. We were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us. During the inspection we spoke with people to find out their views and experiences of the services provided at the home. We also spoke with the registered manager, care and support staff and the cook.

We reviewed records at the home; these included two staff files which contained staff recruitment details and checked training and supervision records. We looked at daily records, care plans and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, meeting minutes, maintenance and emergency plans.

We looked at two care plans and risk assessments in full and a further two care plans to follow up on specific areas of care provided. This is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## Is the service safe?

### Our findings

People's care and support needs varied. Some were seen to be independent with regards to their personal care but needed support in relation to their short term memory loss; others needed a higher degree of support throughout the day. People told us they felt safe living at Crest House; one said "Well looked after." Another told us, "It's a nice crowd here, they look after me well." A relative told us, ""They are kind staff and well trained, they look after my wife very well." During the inspection we saw that people were comfortable asking staff for help or guidance and this was provided in a timely manner.

Although Crest House was generally safe and peoples safety was considered and monitored. There were some areas that needed to be improved to ensure this was consistently monitored and maintained.

Following an incident or accident there was a system in place for staff to record what they had seen and what had happened. Incidents were recorded within the persons daily care notes and on accident/incident forms. This included any outcome of follow up actions and the implementation of a post fall/injury observation tool if appropriate. We looked at these and saw that they recorded 15 or 30 minute checks and observations. Staff were able to tell us about the forms and had a clear understanding of why they needed to be completed accurately. We saw that when people had become unwell care staff had responded by calling paramedics, GP or the community nurses as required. Information was then passed to the registered manager to ensure they were aware. Regular checks took place after an accident or incident to show how the person had been monitored, reviews completed including risk assessments and updates to care plans. However, information had not always been shared with the local authority as required. We recommend the provider seek advice and guidance from the local authority and other reputable sources about the management of reporting and learning from reportable incidents.

People's needs had been assessed and reviewed. Risk assessments were completed for identified needs to help maintain people's safety. Care plans were reviewed monthly or more frequently if changes occurred, to ensure that the home could provide safe and appropriate care. Those with reduced mobility had assistance provided by one or two staff as required, for example during personal care or repositioning. Appropriate equipment was available and this had been regularly maintained to ensure it was safe to use.

Staff turnover was low with a number of staff having worked at the home for many years. We looked at staff recruitment files. We saw that recruitment systems were not robust. Not all files included a fully completed application form with gaps in employment explored. References had been sought, however these were not always the most recent employer as listed on the person's application form, with no explanation around why this was not sought and one file did not include identification documentation although the registered manager reassured us that the provider would have requested this. The risks relating to recruitment were reduced as the registered manager told us that newly appointed staff had been known to them prior to them commencing work at Crest House. However a more robust and detailed recruitment process needed to be followed at all times. This was an area that needed to be improved.

Systems were in place to help protect people from the risk of harm or abuse. Staff had access to relevant

and up to date information and policies, including whistleblowing and safeguarding. Staff had received safeguarding training and told us they would not hesitate to raise concerns if they were concerned and they would speak to the registered manager or provider if needed.

There were enough staff to provide appropriate care for people. We saw staff were always available in communal areas and call bells and requests for assistance were responded to promptly. Staff told us they could meet people's needs and supported each other when two care staff were needed. The registered manager spent time in communal areas supporting people and worked care shifts if needed to support staff. We were told that if more staff were required, for example if someone's care needs increased or someone became unwell and needed more assistance then this would be provided. At night there were two waking staff working at all times to ensure people's care needs were met.

There were systems in place to ensure people received their medicines safely. Medicines were administered by care staff. Staff took responsibility for prescribed creams and documented when these had been applied. One person told us, "The girls look after my medicines so I don't have to worry." Medicine protocols including guidance for 'as required' or PRN medicines were available. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example, pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be given. Staff followed clear processes and ensured that PRN medicines were considered, specifically if prescribed for pain relief. We looked at Medicine Administration Records (MAR). These included how people's medicines were prescribed and the times they were required to be given. Medicines were stored and disposed of safely. All items were labelled, dated on opening and stored tidily. There was no separate medicines fridge. At the time of the inspection only one cream was being stored in a secure box within the main fridge. Fridge temperatures were monitored daily to ensure they remained within safe levels for storage. We discussed with the registered manager that a separate fridge may need to be considered if more medicines required storage in a fridge. Medicines were ordered appropriately and those which were out of date or no longer needed were disposed of following safe disposal procedures.

Fire evacuation and emergency procedures were displayed around the home. Staff and people had access to information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPS). PEEPS included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. Fire alarm and lighting checks had been done regularly. A fire risk assessment had been completed by an external organisation in August 2017. And the local fire service had carried out a visit in March 2017. Some areas of improvement had been identified and we had received confirmation from the provider that these had been completed in April 2017.

There was a designated employee whose role included household management. This incorporated day to day oversight of the home and building, general maintenance arrangements and support for the registered manager. Crest house was clean, tidy and well maintained, providing a homely environment for people. We received good feedback from people and relatives regarding the general maintenance and decoration of the home. One told us, "It's always very clean, and looks nice everywhere."



## Is the service effective?

### Our findings

People and relatives gave very positive feedback regarding the meals provided and the care they received. One relative said, "The food is always very good, I eat here with (my relative) sometimes, and it's of a very high standard." People felt that staff knew how to look after them and provided good care. One person told us, "I had a fall, and they looked after me, I am happy here."

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs and community nurses. Staff were clear that it was their responsibility to ensure that the appropriate professionals were contacted to maintain people's health.

Staff knew people and their care needs well. Many staff had worked at Crest House for a long period and had built up a good knowledge and rapport with people. Staff were able to tell us about people's preferences and how they liked to receive care. For example, one person could become anxious if they did not receive a visit from a family member, staff were aware of this and used distraction to ensure this person's anxiety was reduced. Another person who was visually impaired liked to sit in the same place in the communal lounge. Staff were aware of their movements around the home, responding promptly when they decided to move from room to room, enabling them to maintain their independence but ensuring the environment was safe and that they were aware of any obstacles in their way.

There was good communication between staff and the registered manager which meant staff knew what was happening each day, including appointments and trips out. A full handover meant that all staff were aware of all relevant information including when people were unwell. Although staff demonstrated a good knowledge regarding people's care and support needs and how to provide these, up to date training had not been maintained for all staff. The impact of this was reduced as the majority of staff had worked at Crest House for many years, knew people well and had established care skills as they had received training in the past. However, for new staff and to ensure skills and knowledge were maintained for all staff a robust training schedule was needed. We discussed this with the registered manager who told us training had been booked for a number of different areas and they would ensure the training programme was updated. After the inspection we were informed by the registered manager that they had taken immediate action to ensure all staff, including night staff, received up to date fire training. They had also implemented the use of an online training company to be used alongside the current training provider to facilitate a more robust training across the board. This meant that staff would receive online and practical training in the required areas.

New staff were introduced to people living at Crest House and shadowed permanent staff to learn about people's care and support needs. They received basic safety and information which was completed on a new starter induction checklist sheet to ensure staff were aware of how to access care records, safety in relation to fire and evacuation and had read relevant policies and procedures. All staff had access to robust and person centred care plans to inform them about people's care needs.

The registered manager demonstrated an understanding of the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager was aware of when a DoLS may be required and applications had been made. Mental capacity had been discussed amongst staff and when decisions had been made regarding peoples care and support needs. However, this had not led to a mental capacity assessment being completed. The impact of this was minimal because staff had a good understanding around consent and involvement. The registered manager was aware of the need to introduce Mental Capacity Assessments and assured us this would be completed. When people had a legally appointed Power of Attorney (PoA) this information was recorded within care records, including whether this was for financial or health and welfare decisions. Staff were aware who was involved in decisions regarding peoples care. Relatives and next of kin had been consulted when appropriate and this was also recorded in care records.

Staff asked peoples consent before providing care and offered choices. Conversations were heard including, "Would you like to have a drink, what would you like? Do you need any help? When people came out of their rooms, staff provided support if needed, asking people where would you like to sit and what they would like to do. People were then supported to go into the lounge or dining room. Staff knocked peoples doors before entering rooms and were aware that some people preferred to sit quietly in their rooms and did not like to come to communal areas as this was their personal choice. Daily records had also been used to document how people had made choices about how they spent their day and involved in decisions regarding their care.

Staff received regular support from the registered manager and provider during meetings and the registered manager was available on a daily basis. Due to the small number of staff and because many of them had worked at Crest House for many years, staff did not feel the need to have formal one to one supervision, preferring to speak to the registered manager whenever they needed to or if they had a query. The registered manager was aware that formal supervision was needed and they were in the process of working to ensure all staff received a formal supervision. We saw that some supervision had taken place although it was acknowledged that the schedule had fallen slightly behind. Staff did not voice any concerns regarding management support and told us they would speak to the manager at any time if they had any worries and felt that the registered manager was 'very good and supportive'

People were supported to maintain a balanced and nutritious diet. There was a designated dining room and we saw that most people chose to have their lunch there. If people preferred to eat in their room or had a guest then this was supported. People were offered drinks and accompaniments and these were served to them at the table. All tables were nicely set with tablecloths and mats, condiments were offered and support provided by staff in an unobtrusive way throughout the lunchtime meal service. Meals appeared well presented and everyone we spoke with was complimentary about the standard and quality of the food. People were provided with a choice of meals and alternatives were available if requested. The daily meal choices were displayed in the dining area and staff gained feedback from people after meals to check that everyone was happy and had enjoyed the food provided.

People's weights were monitored regularly and this information was referred to the persons GP if concerns were identified. We met the cook who told us how people's meal choices and preferences were documented to ensure kitchen staff were aware of peoples individual likes and dislikes. People who had any specific dietary requirements had this provided, with a folder available in the kitchen to inform the cook and kitchen staff of any changes to peoples nutritional requirements, for example if a person required mashed or pureed food this information would be available. At the time of the inspection no one required a pureed meal; however the cook was aware that one person liked their meal cut up. The kitchen had received a 5 food rating score in January 2017, which is the highest rating achievable.

## Is the service caring?

### Our findings

People told us that staff were very kind and caring. We saw staff interact with people showing kindness and respect. They treated people with dignity and ensured that conversations regarding care needs were carried out discreetly to ensure people's privacy was maintained. For example when people needed assistance to the toilet. People were supported to maintain their appearance in a way that they wished. One person told us they liked to have their hair done regularly as they had always done this before they moved to Crest House. People had personal items for example handbags which staff reminded them to carry with them as they moved around the building.

Private information kept about people including care records and medicines information were kept securely stored in a locked cupboard within the dining area to ensure documentation was stored confidentially.

During our inspection we saw people sat comfortably together in the lounge/dining room chatting or watching television together or with visitors. People told us it had a 'homely feel' and were comfortable to sit and read, or chat together. Relatives told us they felt welcomed to visit at any time and that staff always kept them informed and updated of any changes. Relatives gave positive feedback regarding the care staff and how their relative was looked after. Telling us, "I visit a number of times a week; they are always very kind and welcoming." We saw that feedback received from relatives in the form of satisfaction surveys included a number of positive comments. Including 'all staff make you feel welcome' and relatives are encouraged to get involved in events throughout the year'.

Staff spoke positively about their role and the people they cared for and felt supported as part of the team. We saw staff sitting with people, chatting and supporting them. Staff responded politely when spoken to by people and ensured that people were aware of where they were and what was happening. There was a relaxed and homely atmosphere and light hearted banter and conversation between people and staff which demonstrated that people trusted and felt comfortable with staff. The registered manager had an obvious positive relationship with people. People stopped to speak to the registered manager and told us they were always around for a chat.

When people became anxious staff responded promptly providing support and encouragement. Demonstrating an obvious concern for people when they felt unwell or upset. People told us that the staff treated them with dignity and gave them privacy when needed. Those who chose to spend most of their time in their room, were checked on regularly by staff who took a few moments to talk and check people had everything they needed without impacting on their privacy and personal space.

People were encouraged to maintain relationships with family and friends. When people had visitors they were given space to meet and chat in their rooms or in communal areas as they chose. Visitors told us they were encouraged to visit at any time and felt very welcomed at Crest House. For people adjusting to living in a care environment this helped them maintain relationships that were important to them.

People's preferences and choices were listened to and acknowledged. People were involved in day to day

decisions, for example choosing what clothes to wear, what activities to participate in, and how they wished to spend their time. Care documentation included information about people and their likes, dislikes and preferences to inform staff.

## Is the service responsive?

### Our findings

People told us that they chose to spend their time how they wished. Telling us, "I like to be in my room when my family visit me." Some people liked to spend time alone whilst others liked to sit with others in the communal lounge. Some people went out regularly with family.

There was no designated activity person. Some activities took place during the week provided by visiting entertainers. Staff had facilitated some in-house activities including a book club, card making, mosaic photo frame making and other arts and crafts. People had commented on the activities they had enjoyed and given feedback regarding those they were not keen on during resident meetings. New ideas were put forward and staff and the registered manager were keen to include these. This included a book club which had been suggested.

We saw that during the afternoon a number of people came to the lounge to watch quiz shows on the television. Staff told us there was a list of programmes people liked to watch each day and many people chose to come to the lounge to watch these together. At other times people were seen to sit in communal areas or their rooms, music was playing and people were chatting or reading the newspaper. People felt the level of activities provided were appropriate as many people kept themselves busy and had things they liked to do themselves.

Before people moved into Crest House registered manager or senior staff carried out a pre-assessment to ensure that their needs could be met. The registered manager was reviewing documentation and was still in the process of amending formats to make it as effective as possible for the home to use. The registered manager was clear that care documentation was an on-going process to ensure it was maintained and person centred documentation was embedded into practice.

There was a clear system in place to assess, document and review care needs. New care files had been implemented. These included care planning and risk assessments which were person centred and based on peoples individual care and support needs. One person had a catheter in place. The care plan gave information and instructions for staff regarding how this should be monitored. Documentation supported staff to provide appropriate care and support. Information identified areas that the person was able to be involved to ensure their independence was supported. Details regarding the community nurses and other healthcare professionals involved were also in place and when, how and why staff should contact them. All care plans seen were detailed and very personalised. For example, when supporting one person with their personal care needs, information was recorded to inform staff exactly how this person liked their care to be provided. This meant that staff could provide care in a way that met this person's preferences and support needs.

Throughout the inspection staff supported people in a calm, appropriate and safe way. Some people displayed behaviour that may challenge themselves and others. Staff told us they had sufficient information in care plans to tell them about peoples care and support needs. People had the opportunity to share their views and give feedback during resident and relatives meetings. For example, people had discussed

changes to the menu requesting the addition of salad to meal choices throughout the winter and this had been taken forward.

A complaints policy and procedure was in place. This was displayed in the main entrance area. People told us that they would be happy to raise concerns and if they needed to they would discuss these with staff, the manager or the provider. There were no on-going complaints at the time of the inspection.

## Is the service well-led?

### Our findings

Crest House had a registered manager in post who was responsible for the day to day running of the home. They were supported by the provider and senior staff. People knew who the manager was and gave very positive feedback regarding their involvement and management of Crest House. Staff told us they felt supported by the manager. People living at Crest House said, "She's lovely, always around if you need a chat." And, "The manager is very good."

There was a quality assurance system in place however this was not always effective as it had not identified some of the shortfalls we found during the inspection. For example, the training programme not being up to date, inductions not being documented and recruitment files not being robust or audited.

The medicines audit needed to be more robust as currently this only included looking at a couple of MAR records and not all records. We found that there were some gaps when signatures had not been written to confirm medicines had been given and these had not been identified by staff or raised with the registered manager. We discussed with the registered manager and they informed us they would immediately implement a more robust auditing to ensure any gaps in documentation were identified and rectified.

Audits that were completed in-house by the registered manager or senior staff and included on a schedule of audits included amongst others, weights, incidents, skin integrity, falls, care plan documentation, maintenance and other environmental quality assurance. These audits identified required actions and a date of completion or when the action must be completed by if in the future. The provider and manager met for a monthly meeting to discuss the home, actions identified and any improvements needed. This meant that the manager was supported by the provider to monitor and assess the service provided and continually improve.

The registered manager was aware that safeguarding concerns needed to be reported to appropriate organisations. However, there were some inconsistencies regarding what was reported to the Local Authority (LA) We discussed this with the registered manager and they confirmed they would seek further clarification from the LA and Quality Monitoring Team (QMT) to ensure this was addressed immediately. We received confirmation after the inspection that this had taken place. Impact for people was reduced because there were 'in house' procedures in place in response to falls, accidents and incidents including regular observations and checks.

Inductions for new staff needed to be improved to ensure all new staff received a formal documented induction which included the completion of relevant training and competency assessments before they were deemed suitably competent and confident to work unsupervised. There was no formal induction being completed for new staff including those who were new to care work. Basic safety and information was ticked as completed on an induction checklist sheet to ensure staff were aware of how to access care records, safety in relation to fire and evacuation and had read relevant policies and procedures. However, training had not been completed or competencies assessed as part of new starters induction period. The registered manager told us they observed how new staff providing support to people new staff completed a period of



shadowing permanent staff. However, this was not documented to ensure that a clear record was maintained. Due to the lack of documentation regarding new staff, including recruitment information not being completed this meant that systems and processes needed to improve to ensure that recruitment and induction documentation was completed and documented appropriately.

Documentation around mental capacity decisions was not completed to demonstrate a clear audit trail of who was involved in decisions and the rationale behind choices made. This could put people at risk of receiving care that is not based on their capacity or involving relevant persons. The impact of this was reduced as staff knew people well and demonstrated a good understanding around consent and involvement; however this was not always consistently recorded. The above documentation issues needed to be improved.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As the provider had not ensured good governance had been maintained.

Peoples views were sought and actions taken in response to feedback. Residents meetings had been used to get feedback from people. The minutes of the meeting in September 2017 showed there had been discussion around food and people had requested that a particular brand of cereal was bought in preference to another. Activities had been discussed in relation to activities people had enjoyed and those they had not. The registered manager had looked into these comments and both had been actioned. We looked at meeting minutes over previous months and saw that issues discussed had been addressed and information fed back to people at the next meeting. One relative had raised that their relative's armchair had very hard arms and this had been replaced. Feedback from residents included that they wanted better lampshades and a request had been made for chandeliers. These were now in place in the main lounge and hallway. This meant that people's views had been listened to and responded to appropriately. There were noticeboards in the entrance area, with information and leaflets for people to access. Information regarding activities was displayed in the communal lounge to ensure people were aware what was planned.

For staff there were a number of meetings which took place to ensure information was shared. Regular care staff meeting had taken place. These had been attended by the registered provider and manager and used to provide information to staff regarding any changes and updates. When staff had raised that mornings were busy due to people having higher support needs in the mornings, this had been responded to and a morning assistant had been arranged to start earlier in the day to assist with breakfast.

Changes to people's needs or any incidents were discussed during handover at the start of each shift. We observed staff handover and saw that this included information regarding one person feeling unwell and another who was low in mood that day as well as appointments and how people had eaten and fluid intake. This meant staff coming onto duty were aware of peoples care and support needs.

The registered manager told us their ethos was to ensure that the home and staff were open, friendly and welcoming. Due to the small size of the home and the fact that a high number of staff had worked at Crest House for years meant that they knew people well. The registered manager engaged openly with other organisations to further improve the quality of care provided. This and improvements implemented to care documentation meant that people received care that was personalised and provided in a way that met their needs.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured good governance had been maintained. Systems and processes were not robust to assess, monitor and improve the quality and safety of the service provided. 17(1)(2)(a)(b)(c)(f)