

# Michael and Christine Margaret Westmore The Crescent Residential Care Home

## Inspection report

1 Island Crescent, Newquay. Cornwall. TR7 1DZ  
Tel: 01637 874493  
Website: Not applicable

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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 

### Overall summary

The Crescent is a care home which provides accommodation and personal care for up to 15 people. At the time of the inspection 15 people were using the service. People living in the home were diagnosed as having mental health needs.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected the service on 30 and 31 July 2015. The inspection was unannounced. The service was last inspected on 22 July 2013 and was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "Yes, I feel safe and settled here," and "Oh gosh yes I feel safe, when the door is closed it is closed. Nobody has ever threatened me here." An external professional said, "The staff are very good. They are very nurturing, caring and professional."

# Summary of findings

Staff were confident, and had been suitably trained, about how to recognise potential signs of abuse and the subsequent action they would take. Staff received other suitable training to carry out their roles. Recruitment processes were satisfactory and appropriate pre-employment checks had been completed to help ensure people's safety.

Systems to store, administer and record medicines were well organised. People told us they received their medicines in a timely manner. There were suitable arrangements for some people to self administer their medicines. People had access to a doctor(GP), and other medical professionals such as a community psychiatric nurse, dentist, chiropodist and an optician. However records of some medical support were not always consistently kept to a good standard.

There were satisfactory numbers of staff on duty to keep people safe and meet their needs. People who used the service, and staff who worked at the home, said there were enough staff provided. For example we were told, "The staff are excellent. If you ask for anything you will get it."

People who used the service told us staff were caring, worked in a respectful manner and did not rush them. People said they could spend their time how they wanted, were provided with a range of choices, and were able to spend time in private if they wished. Some activities were available for people.

Care files contained suitable information such as a care plan and risk assessments, and these were regularly reviewed. People's capacity to consent to care and treatment was suitably assessed in line with legislation and guidance.

People were very complementary about the standard of food. Several people described the food as "excellent." People said they could make a hot or cold drink when they wanted.

Nobody who we met raised any concerns about their care. Everyone we spoke to said if they did have concerns, they would feel confident discussing these with staff or with management. People said they were sure that staff and management would resolve any concerns or complaints appropriately.

The home was clean and suitable laundry measures were in place. Suitable health and safety procedures were in place to ensure risks were kept to a minimum. The building had satisfactory adaptations to meet people's needs. The building was homely, although some of the decorations inside and outside of the home looked worn. The manager told us some redecoration was being completed and further works would be completed in the next few months.

People felt the home was well managed. The manager and owners were described as "caring" and "supportive." People, who lived in the home were positive about the support they received from staff, and about staff attitudes. There were satisfactory systems in place to monitor the quality of the service.

# 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?

The service was safe.

Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were enough suitably qualified staff on duty to keep people safe and meet their needs.

Suitable risk management processes were in place to ensure people were protected and their right to freedom was supported and protected.

Good



### Is the service effective?

The service was mostly effective.

People told us they did not feel restricted, and they had a choice how to live their lives.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People had satisfactory access to doctors and other external medical support, although the quality of recording of some medical input was sometimes inconsistent.

Good



### Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected.

People told us they were able to make choices in their daily lives.

Visitors were welcomed and could visit at any time.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People told us if they had any concerns or complaints they would be happy to speak to staff, the manager or the owners of the home. People felt any concerns or complaints would be suitably addressed.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People who used the service, and staff who worked at the home said management ran the home well, were approachable and supportive.

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

# The Crescent Residential 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.

We visited The Crescent on 30 and 31 July 2015. The inspection was carried out by one inspector and was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key

information about the service. This enabled us to ensure we were addressing potential areas of concern. We also reviewed other information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the two days we spoke with eleven people who used the service. We also spoke with the registered manager and two members of staff. We also contacted three community psychiatric nurses (CPN) about their views of the service.

We inspected three records which related to people's individual care. We also looked at four staff files and other records in relation to the running of the home.

# Is the service safe?

## Our findings

People who lived at The Crescent told us they felt safe. Comments we received from people who used the service included; “Yes, I feel safe and settled here,” and “Oh gosh yes I feel safe, when the door is closed it is closed. Nobody has ever threatened me here.” An external professional told us “I believe that the staff are caring and that it is a safe environment for the person I support.”

The service had a safeguarding adults policy which reflected current good practice guidelines. Staff had received training in safeguarding adults. Discussions with staff demonstrated they understood how to safeguard people against abuse. The staff we spoke with said if they had any concerns they would report these to the manager or the owners. The staff members said they were sure any allegations would be fully investigated and appropriate action taken. Our records, and the registered manager, informed us there had been no safeguarding concerns since the last inspection.

Care plans identified what risk people were subject to. For example due to their mental health needs, the management of alcohol, cigarettes, and money; as well as physical health conditions such as poor nutrition and hydration or falls. However there was no separation of the risk assessment process from care planning which made it difficult for staff to have a clear overview of any presented risks.

The registered persons held money for some people to enable them to make purchases for small items and for hairdressing and chiropody. Receipts were kept to account for monies received and spent. We checked the records against monies held for people and found these to be correct.

Incidents and accidents were suitably recorded and records showed that, where necessary, suitable action had been taken. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and to subsequently reduce any apparent risks. Staff told us there were good links with GP's and CPN's should people need support.

The heating, electrics and water supply had been tested to ensure they were safe to use. There was a system of health and safety risk assessment which included an assessment to minimise the risk of Legionnaires' disease. There were

smoke detectors and fire extinguishers on each floor. The home had a designated smoking room. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of fire drills.

There were satisfactory numbers of staff available to meet the needs of people who currently lived in the service. Staff rotas showed there was a minimum of one staff member throughout the day and evening from 8am until 10pm. Between Monday and Friday there were usually two staff available during office hours. At night there was a staff member 'on call' who lived in the flat above the service and they could be contacted in emergency. From our observations staff responded quickly if people needed assistance. Staff had time to sit and talk with people. People told us, “Staff care for me very well,” and there were “enough staff” to meet people's needs.

Recruitment checks were in place to ensure applicants had the appropriate skills and knowledge needed to provide care to meet people's needs. Staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment. Checks completed on staff included two references, including a reference from the person's previous employer, and a Disclosure and Barring Service (DBS) check which ensured the person did not have any previous criminal convictions.

Medicines were stored and administered safely. People told us they received their medicines at the appropriate times and staff always ensured there was a continuous supply of medicine. Staff were aware of what medicines people needed to take and when. Where people self-administered their own medicine suitable processes were in place. Medicine Administration Records (MAR) were completed correctly. A suitable system was in place to return and/or dispose of medicine. Training records showed that staff who administered medicine had received suitable training.

The environment was clean and maintained to a satisfactory standard. No cleaning or cooking staff were employed, although the staff told us the home was cleaned at least daily. The home had rotas to ensure cleaning tasks were completed. There were satisfactory laundry facilities. There was some involvement of people who lived in the home with cleaning and laundry.

## Is the service safe?

**We recommend that the service introduces a separate system of risk assessment for each person who uses the service.**

# Is the service effective?

## Our findings

People told us they did not feel restricted. People made comments to us such as, “It is pretty easy going here,” and “You can get up and go to bed when you like, but although they are flexible, you have to come down for your medication,” and “If you ask for anything you get it.”

The staff we spoke with demonstrated a good understanding of people’s needs. All of the staff had worked at the home for several years and this had enabled them to have a good understanding of individuals’ needs. The people who lived in the home, who we spoke with, said staff were approachable if they had a problem. For example, “They are wonderful, if you have any problems they will put things right and sort it out.” All the people we spoke with said they felt the staff were competent to carry out their roles, and had an understanding of people with mental health needs.

Staff received a full induction when they started working. We were told this included on line training, shadow shifts with more experienced staff, and the reading and explanation of appropriate policies and procedures. An induction checklist was completed for each new staff member. The registered manager said she was aware of new Skills for Care induction guidance regarding the Care Certificate, and said this would be used in the future when the home needed to recruit.

Most of the six staff had received suitable training to carry out their roles. For example most staff had received training required by the service in line with organisational policy and health and safety regulations. This included manual handling, food hygiene, infection control, safeguarding, medicine administration and first aid. However a small minority of staff required updates in food handling, infection control, first aid and fire safety. The registered manager said this would be arranged.

The staff we spoke with said they had received some one to one formal supervision with a manager. There was a record of when the registered manager had completed observations of individual staff members showing their completion of a specific task, such as carrying out a medicines audit. In the last six months, three of the staff group had also received an appraisal. Staff members told us the registered manager and owners were, “Flexible and

supportive,” “Easy to talk to,” and “Great.” Staff members said if they had any problems with their work they would discuss these with the manager, and people said they were confident issues would be resolved.

None of the people who were living in the home were deemed as lacking capacity to consent to care and treatment in line with legislation and guidance, such as the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A service needs to consider the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone may be considered to be deprived of their liberty had changed.

The registered manager, and the staff we spoke with, all showed a satisfactory understanding of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Five staff had received formal training on the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. However the service’s policy needed to be updated in line with recent legislative changes. We were told by staff that there was no use of restraint.

People told us the food was, “Very good,” and “Excellent.” People told us, through resident meeting records, there was opportunity to contribute ideas to the menu. People said they had opportunity to assist staff to do the shopping each week. Some people were involved in cooking for themselves with the objective of moving into more independent accommodation in future. People said they could make hot or cold drinks whenever they pleased.

People could see a GP when they requested one. Some people had a CPN. We received very positive feedback from several community psychiatric nurses for example, “I was very impressed...the staff are very accommodating and very person centred,” and “The staff I have had dealings with come across as very caring and take an interest in my



## Is the service effective?

client. My client tells me he is well looked after and is happy to stay there,” and “Staff are all friendly and appear to have good relationships with the service users. .... I believe that the staff are caring and that it is a safe environment for the person I support.”

People said they could see other medical practitioners such as a dentist or an optician. Notes from medical appointments were recorded in daily records. However this made it difficult to track when a person had last seen a medical professional, whether they had seen certain practitioners, and if not whether this was because the person did not want, or need, to see the health professional.

The home had been suitably adapted to meet current people's needs. However the home had limited facilities for people with a physical disability, should either people

living in the home become physically disabled, or people who were physically disabled be referred to the service. This was due to the main lounges, and bathrooms being above the ground floor.

Some of the bedrooms and communal areas, as well as the outside of the home, needed refurbishment as they were looking worn. The registered manager told us some redecoration both externally and internally was either being completed or was planned to be carried out shortly. The registered manager said the roof had been replaced in the last year, and while we were visiting the home some of the hallways were being painted.

The home did not have a garden. However the home was on the sea front, and close to the town centre, so people used public seating nearby, if they did not wish to be indoors.

# Is the service caring?

## Our findings

People who lived at The Crescent made many positive comments about the staff who worked with them. These included; “They are great...they care for me very well,” “The care is tip top...they are fantastic, really good, really kind. You can talk to them as friends. They are very nice,” and “They are all excellent.” External professionals were also complementary about staff attitudes “I have always found staff members very helpful and supportive. They communicate well, they appear competent and know my client well,” and “They are very nurturing, caring and very respectful.”

Staff were positive about the ethos of the home. A member of staff said, “It is a small team, people are well looked after...it is their home and not an institution...people get a lot of choice how they choose to live.”

People said there were good relationships between staff and people who lived in the home. Both people living in the home, and staff said if there was any bad practice, this would be suitably challenged, and staff and management would take appropriate action as necessary.

People received care and support in a way that they wanted. For example, The Crescent was considered as a permanent home for most people, but staff were assisting some people to improve their skills so they could move on to more independent accommodation in the future. The Crescent had an independent living flat for two people. People here could shop and cook for themselves, and live with minimal support from the staff team.

All the people we spoke with said they felt confident speaking with staff or management if they were unhappy

with how their care was being provided. The home had regular residents meetings where any issues of concern could be discussed, and activities and events could be planned.

Each person had a care plan and these outlined the person's needs, likes and dislikes. Staff involved people in the care planning process. People had a care planning meeting at least once a year. At the meeting the person, and others such as a family member and staff who worked with the person, were invited to discuss progress and any future plans.

Staff appropriately supported people with their personal care. Some of the people, who lived in the service, chose to present themselves, for example in their dress, in unconventional styles and this was accepted by the staff group. People were encouraged and supported to maintain their personal hygiene although it was recognized this could be difficult in some instances.

People were able to make choices about their day to day lives for example if they wanted to spend time with others in one of the lounges, or if they preferred to spend time alone in their rooms. People said there were some rules, for example, visitors had to leave by 10pm in the evening, but nobody said they thought these were unreasonable. For example one person commented, “It is pretty easy going.” Another person said, “There is no pressure, you can do as you wish, go to bed when you want and get up when you want.”

Staff mixed and spoke with people in a friendly manner. People said the staff were always patient, respectful and upheld their privacy. We observed staff knocking on people's doors. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments.

# Is the service responsive?

## Our findings

People had their needs assessed before they came to live at the service to help ensure the service was able to meet their needs, wishes and expectations. There were copies of pre admission assessments, completed by a senior member of staff, in people's files. People confirmed somebody had met with them to discuss their needs prior to them moving into the service.

Daily care records were completed for each individual. Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to assist staff to provide the person with suitable care. Care plans contained suitable information about the person's history, and their care needs such as the person's diet, continence, physical health, and behaviour. Care plans were regularly reviewed and updated to reflect any changes in the person's needs. Staff told us care files were accessible to them.

Throughout the two days of our inspection we found staff interacted professionally with people. People were free to spend time in their bedrooms, in one the lounges or in the kitchen. People would also go for a walk into the nearby town centre or along the promenade as they wished. People said the front door was usually open, but each person had a front door key.

People were supported to maintain contact with friends and family. People said friends and relatives were made welcome and they were able to visit at any time. People could meet with visitors in the lounge or their bedrooms.

People were able to make links with the local community. Some people told us they went to the local church, library, mental health resource centre, pub, cafes, and local clubs. Some people independently used the local buses and trains.

People were encouraged to pursue their hobbies and interests. One person was attending a karate class, and another person enjoyed model making and military history. Many of the people did not want to participate in group activities and preferred to organise their own time. However staff did organise small group and one to one activities with some of the people in the home. These activities included trips to museums, pub lunches, restaurants, going swimming and to the cinema. Baking sessions were also organised. Some people were also involved in cooking meals, cleaning, washing up and assisting with the household shopping. Most people said they were happy with the activities available. Some people did not want anything organised as they preferred to make their own arrangements about how to spend their time, although one person said things could, "Be a bit boring sometimes." Overall activity provision was satisfactory.

The registered manager said a copy of the complaints procedure was on the notice board in the hallway. People were also given a copy when they moved in. All the people we spoke with said if they had any concerns they would feel confident speaking to staff or the registered manager about these. One person said; "If there are any problems the staff will always sort it all out." Another person said "I can't complain how I am treated here... If I had any complaints I am sure the staff would sort it out." People felt staff or management would work to ensure there was a suitable resolution to any concerns they had. However none of the people we spoke with, said they had previously had the need to make a complaint or raise any concerns, and if any issues did arise these were resolved informally.

# Is the service well-led?

## Our findings

The people, who we spoke with, said they had confidence in the registered manager and the owners of the home, and found them approachable. We were told the owners were in regular contact by phone and visited the home approximately once a fortnight.

Comments we received included, "The manager is very helpful" and the owners were "Nothing but friendly and kind." Staff described the management of the home as "Well organised," "Flexible, supportive and easy to talk to" and "Great." External professionals said "I have always found the managers to be open to ideas and suggestions and to have a good understanding of the service users needs," and "The manager is committed to her role." One person who used the service said, "Management sometimes have to put their foot down but it is justified to get things sorted."

People and staff said there was a positive culture in the home. "It is a friendly, family run home" "Staff work very hard...I am behind the staff 100%." Another person said "I have known them (the staff) for ten years. It is like being married. I look after them and they look after me." One staff member said: "The team works well together. There is no bickering. No secret agendas." Another member of staff said "The team works well. There are no grudges, we debate stuff and advise each other."

Staff told us there were team meetings approximately every two months. We saw detailed minutes of these. Staff also said there was a comprehensive verbal handover of

information each day which also helped communication within the team. Residents meetings also occurred every two months. We were told these ensured any problems among the household were discussed and resolved, and also ideas for improvement could be suggested by and to the management.

The registered manager monitored the quality of the service by completing regular audits such as for care plans, medication and staff training. An annual survey was completed to ascertain the views of people who used the service, their relatives and external professionals. Summaries of previous quality assurance surveys showed people and their relatives were very happy with the service received.

Records showed that staff recorded accidents and incidents which had happened in the service. The registered manager used this information to monitor and investigate accidents and took the appropriate action to reduce the risk of them happening again. Records showed that staff recorded accidents and incidents which had happened in the service. The registered manager used this information to monitor and investigate accidents and took the appropriate action to reduce the risk of them happening again.

A registered manager had been in post for several years. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, had been reported to the Commission.