The Crescent Care Home Ltd

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Inspection report

7 South Crescent
Hartlepool
Cleveland
TS24 0QG

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16 January 2018
19 January 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 and 19 January 2018 and was announced. The provider was given 48 hours' notice because the location was a small care home for people who are often out during the day, and we needed to be sure that someone would be in.

The Crescent Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Crescent Care Home is registered to provide care for up to nine people in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. On the day of our inspection there were six people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in February 2016 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The provider and registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at The Crescent Care Home.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Support plans were in place that recorded people's plans and wishes for their end of life care.

Activities and work placements were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had a complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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 remained Good.	Good
Is the service effective? The service remained Good.	Good
Is the service caring? The service remained Good.	Good
Is the service responsive? The service remained Good.	Good
Is the service well-led? The service improved to Good. The provider's quality assurance process covered all areas of the service. People, visitors and staff were encouraged to provide feedback on the quality of the service.	Good

The Crescent Care Home Limited

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 16 and 19 January 2018 and was announced. The provider was given 48 hours' notice because the location was a small care home for people who are often out during the day, and we needed to be sure that someone would be in. One adult social care inspector carried out the inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

During our inspection we spoke with six people who used the service and three visitors. We also spoke with the registered manager, provider and two care staff.

We looked at the care records of three people who used the service and observed how people were being cared for. We also looked at the personnel file for a new member of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at The Crescent Care Home. One person told us, "Safe? Oh yes. We're well looked after." A visitor told us, "[Name] is monitored all the time when using the kettle." Another visitor told us, "When I leave here, I can sleep at night" and "It's safe, no concerns at all. They do all the regular checks."

We discussed staffing levels with the registered manager and provider. There was one vacancy at the home and the provider had advertised for a new member of staff. The staff team was small but covered any absences between them. One member of staff slept in the home overnight and the service operated an on call system during the night and at weekends. The registered manager and provider also covered shifts when required. Staff we spoke with confirmed this and told us all the staff were flexible and happy to cover any absences.

The service had employed one new member of staff since the previous inspection. We looked at the recruitment records for this member of staff and found the provider had carried out relevant security and identification checks to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and described action taken to reduce the risk of a recurrence and any lessons learned. For example, discussions with people to highlight risks, and whether any adjustments in staffing levels would reduce the risk. Risk assessments were in place for people who used the service. These described potential risks and the safeguards that were in place. An assessment of security risks had been completed and had not identified any issues with the security of the premises. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

The home was clean and suitable for the people who lived there. Communal areas, including bathrooms and toilets, were clean and appropriate hand washing facilities were available. An annual infection control audit was carried out, the most recent in January 2018. This included policies and guidelines, infection prevention and control management, hand hygiene, sharps and spillages, the kitchen, the laundry and disposal of waste. A visitor told us, "The home is well maintained."

Appropriate checks and servicing had been carried out to ensure the service was safe. These included electrical testing, gas servicing, portable appliance testing (PAT) and hot water temperature checks. Regular health and safety checks were carried out, and a health and safety inspection, carried out by an external company in November 2017, had not identified any risks at the service.

Risks to people's safety in the event of a fire had been identified and managed. For example, a fire risk

assessment was in place, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. The provider had an emergency plan in place and people who used the service had Personal Emergency Evacuation Plans (PEEPs). This meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

The provider and registered manager understood their requirements with regard to protecting vulnerable people. Staff we spoke with demonstrated a good understanding and had been trained in safeguarding. The provider's policies described how to protect people from harm and what action to take if abuse was suspected.

We looked at the provider's medicines policies and viewed medicines storage arrangements. Medicines were stored in a locked cupboard in the kitchen. Medicines records we viewed were accurate and up to date. A medicines audit was carried out weekly as well as a full annual audit. A recent visit by the local NHS medicines optimisation technician had recorded, "No actions, all good." We found appropriate arrangements were in place for the safe administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. One person told us, "I'm happy and well looked after." A visitor told us, "It's a lovely place to come to." Another visitor told us, "I can't thank them [staff] enough."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Staff told us they received regular training and if they wanted any additional training, it would be supported.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. The pre-admission assessment covered a range of health and social needs, and people were encouraged to discuss their cultural and leisure interests.

Each person had a nutritional assessment that recorded any specific dietary needs, allergies, likes and dislikes, and whether any additional support was required. One of the people required support at meal times due to the risk of swallowing difficulties. Appropriate guidance had been sought from a speech and language therapist (SALT) and this guidance was included in the person's care records.

The service operated a four week menu and people who used the service contributed and suggested new ideas for meals. People who used the service helped with meal preparation, particularly one person who had developed a keen interest in cooking. The service had provided them with a chef's hat and tunic and they clearly enjoyed helping to prepare the meals. They also displayed a good knowledge of food safety. For example, food hygiene and storage procedures.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One of the people who used the service had a DoLS in place as they were not safe to access the community on their own. An application had been submitted to the supervisory body, which had been authorised, and the appropriate notification had been submitted to CQC.

All the people who used the service were able to make independent decisions about their care and support, and had signed to say they agreed with the content of care records. Consent forms were in place and signed for photographs, care and treatment, and for their personal information to be viewed by health and social care professionals.

The premises was appropriately designed for the people who lived there. People's bedrooms were individually decorated and two people shared a bedroom through their own choice.

People who used the service had 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to provide hospital staff with important information about them and their health if they are admitted to hospital. Care records contained evidence of visits to and from external specialists including GPs, hospital appointments, SALT and community services.

Good

Is the service caring?

Our findings

The service was caring. A visitor told us, "It feels like a family affair. They [staff and people who used the service] all embrace and enjoy being together" and "They [the service] are inclusive." They also told us, "It's very person-centred. It's a family but individualised and tailored to people's needs."

Visitors also told us the service supported family members of people who used the service. One visitor told us, "They go the extra mile to make sure [name]'s [family member] is ok. The staff know all the birthdays. They make sure [name] has a card for birthdays and mother's day." Another visitor told us, "They've not only cared for [name], they've cared for me too."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. A visitor told us, "[Staff] encourage [name] to be polite and say hello to people."

The provider's statement of purpose described how staff were to respect people's privacy and dignity, particularly when providing support in intimate situations.

We saw staff knocking on bedroom doors and asking permission before entering people's rooms. A visitor told us, "Yes, staff knock on doors. If staff are seeing to a resident it's private and I keep out of the way." People's care records described how staff were to promote dignity and respect people's privacy. For example, "Promote dignity. Staff support to be sensitive and not intrusive" and "[Name] needs prompts to wear appropriate clothing." One person was able to bath and shower independently but for their own safety, staff stayed outside the bathroom door, conversing with them regularly. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People were supported to be independent where possible. Care records described the activities people could do for themselves and the activities they required support with. For example, "Encourage [name] to choose their preferred items to reflect their likes", "[Name] requires total support on a one to one basis when bathing, dressing and all personal care delivery." A visitor told us, "They promote independence. For example, [name] goes out on the bus." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

Choice was embedded into the service. For example, one person's care record stated, "[Name] prefers to use the downstairs bathroom." Another person's record stated, "[Name] prefers male staff to support him with electric shaver and female staff to support him with a wet shave." A visitor told us, "[Name]'s room has been completely redecorated. They chose the colour, bedding, curtains etc." A staff member told us, "It's about what they [people who used the service] want to do" and "It's always their choice." People's preferences were clearly documented in their care records.

Care records described the support people required with their communication needs. One person had a hearing impairment and required prompting to wear their hearing aids and glasses. The person was encouraged to inform staff if they were unable to understand or contribute to conversations, which meant they could be involved in the conversations and in making decisions.

People were supported with their religious and spiritual needs. The provider's statement of purpose described how people who wished to practice their religion would be given every possible help. The registered manager told us only one person had expressed a need in this area and they were supported with this.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us one of the people using the service at the time of our inspection had an advocate, otherwise known as a relevant person's representative (RPR). A RPR is appointed to support someone who has a DoLS in place.

Good

Is the service responsive?

Our findings

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care records we looked at were regularly reviewed and evaluated, and had been written in consultation with the person who used the service and their family members.

Support plans were in place and included maintaining a safe environment, communication, eating and drinking, washing and dressing, mobilisation, working and playing, sleeping, and death and dying. Where risks had been identified, appropriate risk assessments were in place.

People were supported with their end of life wishes. One person's care record described how they had made plans for their funeral. Another person had not wanted to discuss this subject and this was clearly documented in their care records.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on any incidents or concerns, health and activities. Daily staff handovers were completed and included a brief outline of the shift, information on any tasks completed and an update on people's health and well-being.

We found the provider protected people from social isolation. People's activities, hobbies and interests were documented in the care records. For example, one person enjoyed sewing, colouring, interacting with others, attending social functions and going out for a drive in the car. They told us how they enjoyed going to a country and western night once per month. They also told us they enjoyed going out in the nice weather but didn't go out too much in the winter. This was their choice.

People enjoyed going to watch the local football team and had travelled to away games, sometimes staying overnight. One person had an interest in cars and worked at a local garage one day per week. Another person showed us the trophies they had won playing golf and enjoyed telling us about the famous people they had met. Some of the people attended day services and the provider told us they regularly visited the day services themselves to carry out checks and ensure there were no concerns.

A visitor told us, "They take account of each person's views and wants. For example, [name] did not want to go to Spain on holiday this year so they arranged a different holiday for him." Another visitor told us how people who used the service enjoyed their holiday to Spain and told us they took part in fiestas and were welcomed as part of the community there.

The provider had a complaints procedure in place. There had not been any formal complaints recorded at the service but people and visitors we spoke with were aware of how to make a complaint. None of them had any complaints about the service.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered with CQC since April 2011. We spoke with the registered manager and provider about what was good about their service and any improvements they intended to make in the next 12 months. The provider told us, "We just want to give the people who live here the best quality of life we can."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community. People who used the service were well known in the local area, for example, in the local shops and pub. People also accessed local day centres and work placements.

The service had a positive culture that was person centred and inclusive. Staff we spoke with felt supported by the management team. One staff member told us working at The Crescent Care Home was, "The best thing I've ever done" and the management team were, "Very supportive." Another staff member told us, "Any time I need anything, I just have to ask them [management team]."

A visitor told us, "They [staff] are professional and approachable. They are like a family" and "The management are hands on. They all know what's going on."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly and discussed team roles, training and development, policies and procedures, health and safety, updates on the people they supported, and any other business.

At the previous inspection we found the quality assurance process did not cover all areas of the service. At this inspection, we looked at what the provider did to check the quality of the service, and to seek people's views about it.

The service had an internal audit policy and procedure in place. This included a variety of audits that took place throughout the year. These included dietary care and nutrition, staffing, healthcare, security, person-centred care, medicines, infection control, independence, choice and equality, health and safety, and food hygiene and kitchen safety. All the audits we saw were up to date and included actions for any identified issues. For example, an action from the health and safety audit was for the registered manager to identify and book external fire safety training to complement the training carried out in-house. We saw this had been booked for later in January 2018.

Residents' meetings took place regularly. The standing agenda included infection control, fire safety, health and safety, home skills, menus, general routines and any other business. People were also offered the

opportunity for a confidential chat if they didn't want to discuss things in front of the other people.

Visitors to the home, including visiting professionals, were asked to complete questionnaires regarding the quality of the service. Questions included the quality of care, management and staff. Visitors were asked to list the three most impressive aspects of the home and the three least impressive aspects. Comments included, "Good quality of staff", "Friendliness" and "Staff have a good understanding and genuinely care about the residents." There were no negative comments.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.