

Pallottine Missionary Sisters

Keele Crescent care home

Inspection report

4 Keele Crescent
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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

About the service: Keele Crescent Care Home is a care home that provides personal care for up to 6 people, some of whom are living with dementia. At the time of the inspection 5 people lived at the service. Most people lived there permanently, and some people spent short periods there to provide respite to their main carers. The home was established over two floors with communal areas on the ground floor.

People's experience of using this service: Medicines were not always administered when they were required. We saw that some medicines were out of stock and were not available when required and that this had happened on a number of occasions. This meant that people were placed at risk from potential harm that was avoidable. The registered manager was taking steps to ensure that this did not happen in future.

We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw that staff were very thoughtful in their approach to people.

People we spoke with gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people well. We saw that warm, positive relationships with people were apparent and one person described the staff as "Like friends – they care about me"

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The food served at the home was of a very high standard. Everyone we spoke with told us that they enjoyed the food and we saw that it was plentiful and good quality.

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that relatives were involved in supporting staff to understand how people wished to be cared for. There were many activities provided at the home and people told us that they enjoyed them.

The registered manager and the provider used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home.

More information is in the detailed findings below.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This was the first inspection of this service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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 always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Keele Crescent care home

Detailed findings

Background to this inspection

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

Inspection team: One inspection manager

Service and service type: Keele Crescent Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the service was registered. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people who lived in the home and two relatives to ask about their experience of the care provided. We spoke with three members of care staff, and the registered manager.

We reviewed a range of records. This included three people's care records and medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered when they were required. We saw that a number of medicines were out of stock so were not available to be administered to the people who required them. We could see that this had happened on a number of occasions and people had been left for periods of up to a week without their medicines. This placed people at significant risk from potential harm from health conditions that required regular medicine.
- Medicines audits had been carried out but these had failed to recognise the problems with medicines not being available for people when they needed them.
- We spoke with the registered manager and they told us they had put systems in place to ensure that medicines were always ordered on time to be available when people needed them.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The staff had received safeguarding training and were able to explain what action they would take if they had concerns.
- Safeguarding information was available on the notice boards in the home.
- The registered manager demonstrated their understanding of safeguarding and showed us audit trails of action that they had taken when they had concerns.
- One person told us "It's very safe here and I am well looked after." A relative told us "It gives me peace of mind when he is here. They know how to care for him."

Assessing risk, safety monitoring and management

- The environment and equipment was safe and well maintained.
- Emergency plans were in place to ensure people were supported in the event of a fire and these had been updated following the changes in people's needs.
- Risk assessments clearly identified people's needs and actions to take to support them and maintain their safety.

Staffing and recruitment

- We looked at staff recruitment and saw three files for staff members who had been recruited during the last year. We saw that this had been done safely and all the required checks had been completed prior to the

new staff commencing work in the home.

Preventing and controlling infection

- We looked around the home and saw that it was clean and tidy and audits were regularly carried out to ensure that standards were maintained and the home was kept clean.
- Gloves and aprons were available in all the bathrooms and toilets for when they were required.

Learning lessons when things go wrong

- We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.
- An example of this was a person who had three falls and the home quickly identified that something was wrong and promptly recognised a health condition. Timely intervention had reduced the likelihood of further falls.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- We observed that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. When people could not make their own decision then legal processes had been followed.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- Staff had been developing their skills in supporting people living with dementia and used learning from best practice.

Staff support: induction, training, skills and experience

- We looked at the support that staff received and saw that it was good. All staff received training when it was due and records were regularly updated.
- We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet specific needs of the people living in the home such as Dementia training.
- Staff told us that they enjoyed training as it was important to keep their knowledge updated. We saw that staff were given access to formal qualifications such as Qualification Credit Framework (QCF) which had replaced NVQ training.
- Staff had access to regular supervision sessions with their line manager.

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

- We observed people having lunch during the inspection. Lunch was relaxed and staff were on hand to support people who needed help. The food looked, smelled and tasted appetising.
- One relative told us that they had been worried about their family member's eating habits but since they had been at the home they had eaten well and enjoyed the food on offer.

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

- The home was adapted to meet the needs of the people using it. There were ground floor bedrooms and a stair lift to access upstairs. Dementia friendly signage was used to orientate people if they needed it.
- The home had recognised that the downstairs toilet was too small to support people safely so they had applied for planning permission to build an extension to the home to provide more spacious facilities to aid people's comfort.

Supporting people to live healthier lives, access healthcare services and support

- Referrals had been made to a range of health care professionals when that area of support was required.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The provider was a registered charity of the Catholic faith and a Mass was held every other day at the other home run by the provider which was very close by. People could attend if they wished and staff told us that a number of people had rediscovered their faith since coming to live at the home.
- People who were of other faiths were supported to attend local church services if they wished to.
- One person had a pet budgie that was very important to them and they had brought the budgie to live in the home with them. They told us they would not have been able to settle without it and it meant a lot to them that they could stay together.

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

- One relative told us that their family member was able to voice how they wished to be cared for. They told us "She really calls it home now. It's lovely for us to know that she is happy. We count ourselves lucky that we were able to get her a place there."
- One person who lived in the home told us "I like being able to choose what I want to do. I can go over to the other home for the day if I want and it's nice to have a change of scenery."
- Menus were on the wall in the dining room in the home and these were pictorial as well as presented in written form. We saw that people were using these to choose what they would like to eat. We saw that the lunch provided looked exactly like the picture so we could see that this method of communication worked well to support people to make decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- We observed one person in the home who sought comfort from a hot water bottle. They held it close to their body and cuddled it. Staff were seen to regularly check that the person was not cold and they offered to 'refresh' the hot water bottle whenever it was needed.
- During the inspection a staff member was showing us around the building and a person came out of their bedroom and needed some support. The staff member immediately prioritised the person and responded to their needs which demonstrated to us that the people who lived in the home were the main focus of the staff's attention.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs.
- The files also contained clear information about people's routines throughout the day and their preferences about how they liked to be cared for.
- People told us the service was responsive to their needs and wishes and that they went on outings in the cars that were driven by staff. People told us that they enjoyed all the activities that the home offered.
- People had choices during the day to attend activities in their home or go to the provider's other care home over the road for more formal entertainment in the afternoons. We saw that some people chose to do this and others preferred to stay at home.
- We saw lots of examples of staff spending time with people, talking quietly and offering reassurance.
- One person told us how they enjoyed going to the hairdressers salon that was in the other care home nearby to get their hair done. Another person in the home chose for the hairdresser to come to them so they didn't have to go out.

Improving care quality in response to complaints or concerns

- The home had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager or the provider. They said they were confident that they would act to resolve any concerns they raised.
- There had been one formal complaint since the service had been open. This had been responded to robustly and a satisfactory conclusion for the complainant.

End of life care and support

- Some staff had received training in end of life care and the registered manager told us that there were plans for further training in this area.
- Some people had advanced care plans in place to make their choices clear for the end of their lives and other people had declined to make plans.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Systems and arrangements were not always used to monitor and improve the quality and safety of the service. The main issue in this case was the medicines management and the risks to people through not receiving their medicines when required.
- The registered manager assured us that they had put systems in place to avoid the reoccurrence of this issue but we were concerned as we could see from the medicines records that this had happened on a number of occasions and action had not been taken promptly.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt listened to and that the registered manager and provider were approachable.
- Staff spoke positively about the registered manager and felt they were supportive, one staff member said, "I've worked here for 19 years and I'd happily let my family member live here if they needed a care home."
- Staff told us and we saw records to show they had regular team meetings.
- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home and was observed to assisted people when they moved around the home.
- The positive relationship between the registered manager and the provider was apparent throughout the inspection. Both the provider and registered manager demonstrated that they were committed to improving the service.

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

- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example the environment of the home.

Continuous learning and improving care

- Satisfaction surveys were sent to people who lived in the home, relatives, staff members and professionals involved with the home to give feedback to make improvements. We could see that the registered manager analysed feedback and made changes to the care provided to ensure that mistakes were not repeated.

Working in partnership with others

- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the home to provide entertainment including

from a local football team.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that medicines were always available when people needed them.