

Warmest Welcome 2 Limited

The Crest Care Home

Inspection report

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Date of inspection visit:
14 January 2020
15 January 2020

Date of publication:
11 March 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Crest Care Home is a residential care home providing personal care for 30 older people at the time of the inspection. The service can support up to 30 people.

People's experience of using the service

The home was not always well led as records were not always accurate or completed in a timely manner. We made a recommendation about this. The management team were open and responsive to our findings during the inspection and always looked to make improvements. The provider used audits to monitor the service and surveys to gather views from people and their relatives about their experiences. Actions were taken when concerns had been raised with the registered manager and staff were confident in their roles and responsibilities to provide quality care to people.

People said they felt safe living in the Crest Care Home. Staff knew their responsibilities to safeguard people from potential harm or abuse. Medicines were managed safely on an electronic system and risk assessments were carried out. Risks were mitigated as staff knew people's individual needs and managed these. There were enough staff to meet people's needs and recruitment procedures were robust.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff completed an in-depth induction course and continuous training which helped them to carry out their role in caring for people. Supervisions and appraisals had not been recorded however, staff said they were supported by the registered manager regularly.

People were complimentary about the care they received. One person said the care was first class. People were offered choices and staff respected these. People's privacy and dignity was valued by staff who cared for them. Staff knew how to support people to remain independent. We observed positive interactions between staff and people living in the home. People looked well kempt and staff took pride in making sure people looked their best. However, some relatives had said that personal care specific to shaving could be better.

Staff were responsive to people's needs and knew them well. Care plans informed staff of how people wished to be cared for and these were reviewed when changes occurred. People's preferences, likes and dislikes had been gathered and incorporated into their care plans. Wishes for end of life care had been recorded so staff knew how to support people when this time came. Complaints were managed effectively, and people knew who to speak to if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 April 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Crest Care Home

Detailed findings

Background to this inspection

The 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

The inspection was carried out by an inspector.

Service and service type

The Crest 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. The Care Quality Commission (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 that 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 before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people to ask about their experience of the care provided and five relatives. We spoke with the registered manager, regional manager, deputy manager, activities co ordinator, a health professional and staff members. We looked at three people's care records and medicine records. We looked

at three staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy which the registered manager followed, and appropriate actions had been taken to manage any safeguarding concerns.
- One person had been involved in an altercation with another person living in the home. To ensure both people were kept safe they referred them to the community mental health team for an assessment of their needs and reviewed their risk assessments.
- Staff were suitably trained to identify and respond to any safeguarding concerns. People were kept safe and one person said, "Staff are great, I'm happy to stay. It's quite a good place and safe."

Assessing risk, safety monitoring and management

- Risk assessments were completed, reviewed and up dated when people's risks changed.
- One person had left the home and had been found wandering in the local community. As there was a potential risk of the person getting lost due to their lack of capacity the provider used a tracker to identify where the person was at all times. This was to ensure the person maintained their independence and to keep them safe from possible harm.
- The home environment was safe as health and safety checks had been carried out and audited.

Using medicines safely

- Medicines were managed effectively, and people told us they received their medicines as prescribed.
- Medicine errors were minimised as the provider used an electronic system which alerted staff when medicines were either due or when recording was required by staff to show when medicines had been administered.
- Some people were prescribed 'as required' medicines. We found some protocols in place to inform staff of when to administer these medicines were not always detailed enough. For example, paracetamol had been prescribed but the protocol did not include specific reasons as to why the person needed this medication. However, staff were knowledgeable of these reasons when asked and the registered manager took immediate action to address this.
- Peoples medicines were reviewed, and actions taken to ensure people remained healthy. One person had been refusing their morning medicine. It was acknowledged they took their lunch medicines and therefore changes were made to the administering timings so they received their medicines which kept them safe and well.
- Medication errors were identified from audits and actions taken to address issues found. out.

Staffing and recruitment

- Staffing levels were safe and had recently increased following the recruitment of new staff. One staff

member said, "When I started they were short staffed but within the first few weeks there were new starters. It's fine now and we have a bigger team. I really enjoy it and the residents are lovely."

- Agency staff were used at times. The registered manager said they previously used 90% agency however, this had significantly reduced. The registered manager said they used the same agency staff when possible for consistency.
- The provider had robust recruitment checks in place to ensure staff were suitable to work in a care home.

Preventing and controlling infection

- The environment was clean and well presented. We observed staff wearing personal protective equipment when supporting people with care to prevent against possible infectious diseases.
- During our inspection a relative brought their dog into the home. We observed the dog wandering around the home unescorted and had toileted in the main lounge. We raised concerns about the potential infection control issues this could have with the registered manager. The registered manager spoke to the relative on the day of our inspection.

Learning lessons when things go wrong

- Accidents and incidents were reported by staff and fully investigated by management. The registered manager carried out monthly reviews of incidents to identify trends and themes. This included times of incidents and where incidents happened.
- Root cause analysis was completed when people had more than one fall. For example, one person had fallen a couple of times in their room. During the analysis and lessons learnt discussion with staff it was thought the carpet might be too thick to mobilise safely with a walking aid and so a new carpet was ordered. Another person was ordered an anti-slip chair mat to prevent falls in their room.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed appropriately before they moved into the home. This included information about their personal history, health and mental needs, choices and preferences. This assessment was used to create people's care plans.
- Care was delivered in line with government legislation and staff followed best practice.

Staff support: induction, training, skills and experience

- Staff were provided with an in-depth induction course and training to develop their skills and knowledge prior to working in the home. One staff member said, "Before I started I did two days of training. Had an induction, shadowing of staff for a few weeks and had informal chats with the registered manager and deputy."
- Staff told us they were supported by the management team. However, supervisions and appraisals had not been recorded. We have discussed records further in the well led domain.
- The registered manager used a training matrix to ensure staff were up to date with their training at all times.

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

- People were encouraged to maintain a balanced diet. People said they were offered meal choices and enjoyed the food provided. One person said, "The food is first class."
- Staff knew people's food and fluid preferences as these were recorded in care plans. For example, one person liked to have hot chocolate and for breakfast preferred marmalade on toast.
- Dining room audits were completed monthly to gather feedback on people's experiences. In the last audit, people said they liked the food and said they were offered plenty of choice.
- Nutrition assessments were completed to identify people who needed further support with their diet intake. For example, one person had lost weight which had been monitored monthly. They were given prescribed fluids to increase their calorie intake.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People living in the home had access to health professionals when needed. People had been visited by opticians, district nurses and general practitioners. A health professional told us, "Residents are looked after. I go and do a weekly ward rounds in the home. If I ask them to do something they do it. There are always lots of staff around. Its peaceful and tranquil."
- The provider carried out oral care assessments, to meet people's dental needs. One care plan had a

contact for a local dentist, should this be required.

- Staff were proactive in supporting people to remain healthy. For example, they had supported one person to reduce their cigarette and alcohol intake. The person told us, "I now feel better health wise."

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

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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One staff member told us, "We do not assume people can't make decisions for themselves. We would make decisions in people's best interests if they were not able to make their own decisions. Especially if it put people in danger."
- MCA assessments and DoLS authorisations had been completed for people when required.

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

- The home was not purpose built. Many of the corridors were long and narrow which made it difficult to navigate around. Signs were not available to help people to find their rooms or bathrooms. We discussed this with the registered manager who said they would look to improve the signs within the home to help people find their way around.
- The registered manager told us of the improvements made to the home including newly decorated corridors with different themes. The main entrance was decorated with royal memorabilia and was a talking point for people passing by.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff who were caring and respectful. Comments from people and relatives included, "Staff are always welcoming. They are terrific. We can come anytime. Everyone is helpful, and staff are familiar with us" and "First class care. I don't need much. The staff fuse and make sure everything is ok."
- People were well-groomed and cared for. Staff understood people and supported them with dignity and kindness. Positive interactions took place between people living in the home and staff. People laughed and joked with staff and their relatives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was valued by staff. One staff member said, "We shut people's curtains if we are undressing them and let them know what we are going to do before we do it."
- Staff were proactive and encouraged people to remain independent. One staff member told us how they respected a person's dignity by helping them to lower their trousers and then left them to independently use the bathroom.
- Relatives said their loved ones had not always received a shave and felt this was undignified. One relative said, "He looks unkempt if he's not shaved." We discussed this with the registered manager who showed us records that people had received shaves on a regular basis and said they had employed a barber to come into the home and support with this issue.

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

- People and their relatives were involved in the care planning process and staff maintained a good relationship with them. One relative said, "The staff are nice and they ring us if there is anything we need to know."
- People were offered choices such as what to eat and drink, their wishes for care and how they wanted to spend their time.
- The manager told us should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Care plans were formed to guide staff on how to support people with their care needs. Staff knew people's specific needs and how to manage individual risks.
- People told us they offered choices. One person said, "You get different choices throughout the week."
- People were asked about their preferences for care including their choices of female or male staff. People's likes, and dislikes were recorded in plans so staff could support people in the way they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities provided by the home. During the inspection a singer performed in the main lounge. They engaged with people and reminisced. We overheard one person talking to the singer about their late husband who was a band manager.
- The provider bought a large gaming tablet for people to enjoy and engage in stimulated activities. One person told us, "I enjoy playing on the tablet."
- Some people were unable to partake in group activities however, the wellbeing co-ordinator ensured people were given one to one time in their rooms. The wellbeing co-ordinator said, "[Name] is bed bound. I took up cake mixture to their room and they helped me to mix the cake ingredients and we ended up talking about how they baked with their mother in their childhood."
- The wellbeing co-ordinator said, "I bake with people once a week with people and take people out for walks. I took nine people for Christmas dinner and did a bingo afterwards; the deputy manager came and a relative."
- Those people who had the ability went out into the local community. One person said, "I have a good friend who lives the other side of town and I go out to see them."
- Some people said they would like to go out more. The wellbeing co-ordinator said, "I'm looking into having business insurance on my car so I can take more people out."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood and followed the AIS standard. Care plans included information about people's abilities to communicate and aids used to facilitate better communication such as hearing aids or glasses.

- People were provided with 'resident guide booklets' which informed them information could be made available in different formats if they required for example, items in larger print.

Improving care quality in response to complaints or concerns

- Complaints had been investigated and responded to in a timely manner.
- The registered manager used a complaints log for oversight of all issues raised. We saw three complaints had been recorded.

End of life care and support

- Peoples wishes and preferences for end of life care plan had been recorded. For example, one person had requested that their family be around them and would prefer to be cremated.
- Staff had completed end of life training.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Information was not always recorded accurately. Fluid monitoring charts did not reflect what intake people had consumed. For example, staff had recorded only 40ml intake of fluid for one person during a day. People told us they were always offered refreshments.
- Supervisions had not been recorded although staff told us they had regular supervisions with the management team. The registered manager told us they were aware of the need to document all meetings held with staff.
- Bed rail checks had not been recorded to show they were safe to use. We found no harm was caused.
- We saw a picture of a person living in the home had been taken on a staff members phone following an activity they did. We immediately informed the registered manager who was unaware of this and took appropriate action to address this with staff member and the photo was removed.

We recommend the provider ensures all records are up to date, accurate and records completed in a timely manner.

- The registered manager and the staff we spoke with confirmed their assurances to providing high-quality care. The registered manager listened to the feedback we provided on inspection and was open and responsive to the areas of improvements required.
- Staff told us they felt supported by the management team. One staff member said, "I think they are brilliant and happy to help. They are always about."
- People told us any concerns raised were managed effectively. The registered manager understood and acted on their duty of candour responsibilities.
- Systems to check and audit the service were in place. Audits identified areas for improvement and actions were taken to address these.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

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

- Surveys had been carried out to gather people and their relatives' views of the home and any

improvements required. All of the people and their relatives said staff were polite and helpful. One relative commented, "The level of care has improved greatly, and I feel [relatives name] is looked after better than ever before."

- Meetings were held with staff to inform them of new improvements and changes being made within the organisation. For example, drop in sessions were being made available for staff to have further training on the new online care planning system they had recently introduced.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links. The wellbeing co-ordinator had been in contact with the local cinema who carried out dementia friendly showings and had planned to take people. They were also planning a summer fayre.

- The service worked in partnership with people, relatives and healthcare professionals to seek good outcomes for people.

- The registered manager told us they planned to attend a manager support network to learn from other providers in the local area. The registered manager had also attended facebook groups for registered managers to share knowledge.