

Crescent Care Home Cornwall Limited

# The Crescent Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Crescent Residential Care Home (The Crescent) is a residential care home providing personal care to up to 15 people with mental health needs. At the time of our inspection there were 15 people living at The Crescent. The service was based in an older building close to nearby shops and local facilities. The premises were not suitable for people with reduced mobility.

### People's experience of using this service and what we found

Regular checks were made of the environment to help ensure it was safe for people to live in and any risks were mitigated. On the day of the inspection fire doors had been wedged open by a resident to improve ventilation. We have made a recommendation about this in the report.

There were normally enough staff to support people and respond to their needs. At certain times of the week staffing levels were lower and we have made a recommendation about this in the report.

Staff had received training to keep people safe and knew what action to take in response to any allegations of abuse. There were no restrictions on family and friends visiting.

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

People were encouraged to be independent and grow their confidence in social interactions and developing independent living skills.

Medicines were stored and administered safely. When people had medicines for use as required there were protocols in place to help ensure staff were consistent in how these were administered.

The service was led by a registered manager who was described as approachable, supportive and caring. The culture at the home was open and inclusive. Staff understood their roles and responsibilities. The provider acted upon suggestions or ideas that were made to drive improvement in the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made recommendations about the management of specific medical risks, storage and recording of drugs which require stricter controls and checks to minimise risk when entries on medicine records were handwritten. At this inspection we found improvements had been made.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 10 December 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Crescent Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service well-led?

Good ●

The service was well-led.

# The Crescent Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 7 people who used the service, 1 relative and 2 professionals about their experience of the care provided. We spoke with 6 members of staff, the registered manager, administrative assistant and the registered manager from the provider's sister service. We had a walk around the home to make sure it was safe and met people's needs. We reviewed a range of records. This included people's care records, medication records, staff files, the training matrix and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance on the management of individual medical risks. The provider had made improvements.

- Some people were at risk due to substance abuse. There were risk assessments in place identifying the risk and guiding staff on how to support people in order to minimise the risks.
- Risk assessments were developed according to people's specific needs, including any physical needs or any associated with their mental health.
- On the day of the inspection visit it was particularly hot and a resident had wedged open some fire doors to improve the ventilation. The registered manager told us they normally had a walk round the building in the morning and would have picked this up. They were aware of the need to keep fire doors closed and told us they would remind residents and staff about this.

We recommend the provider seek advice and guidance about the provision of equipment to help ensure adequate ventilation and fire safety systems are effective and compatible.

- Checks of the building were carried out, including checks of fire doors and emergency lighting. Regular fire drills were completed. Some people living at The Crescent were smokers. There were systems in place to help mitigate the associated risks.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on the management, storage and administration of medicines that require stricter controls and verifying handwritten entries to medicine administration records (MAR). The provider had made improvements.

- There were no medicines which require stricter controls being kept at the service at the time of the inspection. There were the necessary resources in place in the event they were needed.
- The service had switched to an electronic MARs system. This helped minimise the risk of errors in recording.
- Medicines for use as required (PRN) were available to use when people were distressed or anxious. PRN protocols guided staff on when they could be used. This helped ensure a consistent approach.
- MARs showed PRN was rarely used. The registered manager told us staff knew how to support people to manage their anxieties without the need for medication.

### Staffing and recruitment

- There were enough staff to provide people with care and support as needed throughout the week. During the inspection we saw people approach staff for support and to chat. Staff responded quickly and with patience and good humour.
- Staff numbers at the weekend were low with sometimes only one member of staff on shift. This was contrary to the service's lone working policy. The registered manager told us people were largely out at the weekends and there was an on-call system in place so staff could request additional support if needed. However, we were concerned, in an emergency, people might be left without support. The registered manager said they would review weekend staffing arrangements.
- Staff told us they felt there were enough staff to support people in line with their needs, including at the weekends. One described the systems in place to request back up if needed but said they always felt confident when working alone.
- Pre-employment checks were completed before any new staff started work. For example, references were obtained and Disclosure and Barring Service (DBS) checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and knew the action to take if they suspected abuse. One told us, "I would report a safeguarding, 100%."
- People told us they felt safe and knew how to raise a complaint or concern if they had any worries. One person commented, "Yes, I'm safe. I used to live on the streets, I wasn't safe then, had no roots. I've got roots now."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visitors. On the day of the inspection one person was being visited by members of their local church group.
- A relative told us they were always welcomed when they visited, including if they visited without pre-arrangement.

### Learning lessons when things go wrong

- Accidents and incidents were recorded. Staff discussed any untoward events to consider what could be done differently in the future to minimise the risk of reoccurrence.
- Through the analysis and consideration of incidents, the service had recognised that pain was a factor when one person acted in a way which could put them and others at risk. As a result, when the person was becoming agitated or acting out of character, staff asked if they were in pain and offered pain relief at that



point which had led to a decrease in incidents.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The registered manager stressed the importance of gaining a good understanding of people's needs before they moved into the service. They said they had to be confident they could support people well and that their needs would not impact negatively on others.
- People were invited to visit The Crescent before moving to help all involved make informed decisions about the move.
- People's diverse needs were considered and respected. People told us they felt valued.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction before starting to work independently. This included reading policies and procedures, care plans and fire information.
- Training was regularly refreshed. Staff were encouraged to further their skills and complete training at a level that suited them.
- Supervisions were held when staff could raise any issues. Staff told us they were well supported.
- Verbal and written handovers were in place to keep staff up to date with any changes in people's needs.

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

- People were supported to eat and drink enough to remain healthy. People's weight was monitored with their consent.
- A member of staff organised a theme night once a week when the menu was based on a particular country's cuisine. They told us, as well as being something people enjoyed it could also motivate them to join in and develop skills in this area.

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

- The service worked closely with other agencies to help deliver joined up care that met people's needs.
- One professional commented; "I can confirm that staff at The Crescent have appeared to be knowledgeable, professional and approachable."
- Some people found visiting the dentist made them anxious. Arrangements had been made for a dentist to visit them at the service.
- The registered manager had compiled a quiz to remind staff of the importance of oral care.

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

- The service was based in an older building and was not suitable for people with reduced mobility. At the time of the inspection everyone living at The Crescent was independently mobile.
- People had a choice of where to spend their time. People had their own rooms and some also had lounge and kitchen areas and basic en-suite facilities. There was also a shared kitchen, laundry, lounge and dining room and three shared bathrooms.
- People's rooms were furnished and decorated to reflect their taste and interests. Staff encouraged people to keep their rooms clean with minimal support in order to develop their skills and independence.

#### 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 MCA 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.

- Everyone living at The Crescent had capacity to make decisions about their care and support. No DoLS applications had been required.
- The registered manager had a sound understanding of the principles of the Act and worked in line with these. They described how one person had fluctuating capacity and how staff worked with the person to support them.
- A professional commented; "People are living an unrestricted life with the support they need."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they worked with people to support them to develop their skills and confidence and move into more independent living arrangements. There was an ethos of supporting people to take ownership and control of their lives.
- Some people had asked the service to have oversight of some aspects of their lives, for example, money or cigarettes and tobacco use. Staff did this in partnership with people, discussing with them how to manage these in a way which suited them.
- People told us the support they had received had enabled them to develop confidence while feeling safe and having a network of support.
- Staff told us the registered manager led by example. One said, "[Registered manager name] is caring and understanding but also has clear boundaries. I take my lead from them."
- An external professional told us; "The Crescent is a wonderful home for people, staff are really empathetic and support people incredibly well. I'm always happy when I hear there is a space."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place. A relative told us the service was open and transparent in their communication with them.

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

At our last inspection the provider had failed to robustly assess, monitor and mitigate risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Records were accurate and reflected people's needs at the time of the inspection. Audits highlighted areas for improvement.
- When considering new admissions, the registered manager considered the potential risks to everyone involved and to the overall stability of the service.

- There were clear lines of accountability and responsibility in place that were known and understood by staff. The registered manager told us they were well supported by a registered manager from the sister home and the providers.

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

- There were reward incentives and bonuses in place for staff. For example, staff received birthday and Christmas bonuses and incentives for completing qualifications.
- People, relatives, staff and professionals were asked to feedback on their experience of the service. Quality surveys completed in 2022 were all positive.
- People and their families were involved in the service and their views taken into account. A relative commented; "I have been dealing with this for years and have a wealth of information. They listened to what I said, absolutely brilliant at that."

Continuous learning and improving care

- The provider had a sister home in the area with a separate registered manager. Both registered managers had highlighted to the provider that they were finding it difficult to keep up with their duties. In response the provider had appointed an administrative assistant who shared their time between the 2 services. The registered manager told us this had been invaluable.
- The provider invested in the service to maintain a good standard of care. Improvements had been made to the office area and a smoking room had recently been refurbished.

Working in partnership with others

- The service worked with other organisations to facilitate good transitions and provide joined up care.
- An external professional who had worked with the service told us; "Senior management have always worked well with [external agency staff] and have demonstrated considerable consideration towards effective risk management."