

# Crescent Care Home Cornwall Limited

# The Crescent Residential Care Home

## Inspection report

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Date of inspection visit:  
10 December 2019

Date of publication:  
31 December 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

The Crescent provides accommodation with personal care for up to 15 people who are living with mental health needs. There were 12 people using the service at the time of our inspection.

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

People told us they felt safe being supported by staff. Staff understood risks to people and how to help reduce them whilst promoting their independence. However, some medical risks and non-compliance with health advice were not always well managed or reported to external healthcare professionals.

People received their medicines on time from staff who had received training in medicines administration. However, medicines were not always recorded and stored in line with current guidance.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. Staffing levels were flexible in order to meet people's fluctuating needs. However, previous employment start and finish dates were not recorded and verified by the referees. This meant the accuracy of the application form information could not be assured.

We have made recommendations in the safe section of this report regarding these concerns.

People were supported by staff who had the skills and knowledge to meet their needs. Staff meetings were used to remind staff of best practice and to discuss any concerns about people's needs. Staff told us they felt well-supported by the registered manager.

Staff had received appropriate training and support to enable them to carry out their role safely.

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. There were no restrictive practices in place at the time of this inspection.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records. People were able to make choices about their life and how their care and support were provided. This information was reflected in people's care plans. Staff understood the importance of respecting people's wishes and choices.

People told us, "I love it here and love the staff," "We cook our own food when we want it and do our own laundry" and "It is like a sanctuary here."

Care plans were held on an electronic system. Care plans were regularly reviewed and updated. They provided staff with guidance and direction to enable them to meet people's needs, their wishes and

preferences. One person who had moved to the service a few weeks before this inspection did not have a full care plan or risk assessments. This is detailed in the safe section of this report.

There were activities provided for people within the service. People were involved in choosing what activities they did. People were encouraged to go out regularly either independently if able, or with support from staff.

People felt supported by staff. Staff spoke about people with affection and empathy. Staff respected people's diverse characteristics and were clear that each person's individual needs were their priority. People told us they felt listened to and their privacy and dignity were respected.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service. However, the concerns identified at this inspection were not identified by audits.

People were supported to access healthcare services, staff recognised changes in people's physical and mental health, and encouraged people to seek professional advice appropriately.

The registered manager also had responsibility for another service, owned by the provider, where they spent two days a week. People and staff told us the service was well led. People, relatives and visiting healthcare professionals were given various opportunities to provide feedback about the service. Any concerns or complaints were recorded along with the response. The manager told us there were no on-going complaints at the time of this inspection.

The management and staff had developed positive relationships with local organisations, which helped ensure people were supported when necessary.

Staff told us they enjoyed working at the service and that the team worked well together.

Visiting healthcare professionals told us, "The support The Crescent provides is very good. They really try to manage risk against people's independence" and "Their approach is adaptable and they liaise regularly with us appropriately."

#### Rating at last inspection

This service was registered with us on 3 December 2018 and this is the first inspection under the new provider. The last rating for this service, under the previous provider, was rated good (Published 11 October 2017)

Why we inspected: This was a scheduled inspection.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

## 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 caring  
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** ●

# 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

This 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 or personal care as single package under one contractual agreement. 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. The registered manager 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:

We reviewed information we had received about the service.

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.

We used information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with four people who used the service, two staff members, the deputy manager and the registered manager. We reviewed the care records of two people and medication records for all the people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not easily able to tell us clearly about their experience of living at The Crescent. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection;

We looked at staff training data and support and spoke to two healthcare professionals with experience of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has changed to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- Risks were identified, assessed monitored and regularly reviewed. Risk assessments were in place and these covered relevant risks that people may have been subject to such as poor nutrition, the risk of their mental health deteriorating and risks of alcohol and drug abuse. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence. However, one person who had recently moved in to the service with a specific medical condition, did not have enough information and guidance, about the risks associated with this condition, recorded in their care plan. There were no risk assessments for this person who had lived at the service for eighteen days. The person chose to not always follow advice about their health. Staff were aware of specific risks to their health and were aware of the person's non-compliance. Staff were recording, but not always reporting episodes of non-compliance to health care professionals. This could place the person at risk of not receiving appropriate care. The registered manager confirmed this had been addressed following the inspection.

We recommend that the service take advice and guidance from a reputable source regarding the management of specific medical risks for people living at The Crescent.

- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour. We saw examples of how staff de-escalated situations that could become challenging, during this inspection.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place. There was a smoking room at the service. People were encouraged not to smoke in their rooms. A recent fire officer report had recorded the service was compliant with fire safety regulations.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities were regularly checked and serviced to make sure they were safe to use.

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

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.

- People told us they felt safe. Comments included, "Oh yes of course I am safe here" and "Yes, it is good to be here. I was not safe before."
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

#### Staffing and recruitment

- People were supported by suitable staff. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references. However, the service did not record the start and finish date of previous employment which was provided by new staff at the recruitment stage. This was not checked and verified with referees. This meant that the accuracy of the application form information could not be assured. This was discussed with the registered manager who told us that the last two newly recruited staff had either previously worked at the service, or the sister service, also owned by the provider, therefore this detail was not recorded. We were assured by the registered manager that this additional check would be put in place immediately for future recruitment.
- There were sufficient numbers of staff to meet people's individual needs. The staffing levels were flexible and changed according to people's fluctuating mental health needs. The registered and deputy managers were on call at all times and able respond to any increase in staffing levels needed.
- Staff told us they had enough time to support each person. Records showed action was taken when people's needs changed, to help ensure they had the right support to meet their needs.
- There were no staff vacancies at the time of this inspection.
- People told us staff responded quickly to them when required. Comments included, "I feel very lucky to be here" and "The staff are wonderful."

#### Using medicines safely

- One person was receiving a medicine that required stricter controls. The service had not needed to manage such medicines before. The registered manager had not ensured that all the necessary systems and processes, required by law, were in place for the safe management and administration of this medicine. The storage required improvement. A community pharmacist was visiting the service the day after this inspection to advise the service on medicines management.
- The administration records for these medicines were not held in a separate register with a page for each person, in accordance with the Misuse of Drugs regulations 2001. The medicine in the medicine administration record (MAR) and each administration was recorded on a loose sheet, signed by two members of staff. The registered manager had already arranged for a pharmacist to visit the service the day following this inspection, to support the service with their management of medicines. We were provided with confirmation following this inspection that this had been addressed.
- When a GP made a change to a prescribed medicine or added a new medicine, staff were required to add this, by hand, to the MAR. The registered manager had entered a change of dose of a person's medicine on to the MAR but not had their entry checked and countersigned by another member of staff to help reduce the risk of an error.

We recommend the service take advice and guidance from a reputable source regarding best practice in medicines management, storage and administration.

- People did not have their medicines administered in a way which protected their dignity. Some people were prompted by staff to go to the office to collect their medicines when they were due. We observed several people arriving at the office, knocking on the office door, asking for their medicines to be dispensed to them, being given a drink and observed taking their medicines before returning to whatever they were doing. We asked a visiting mental health case co-ordinator, who visited The Crescent regularly, about this



practice. We asked why staff did not take people's medicines to them, in a person-centred manner, wherever they were in the service. We were told all the mental health care services in the area used this approach to enable people to have the opportunity to discuss their current mental health needs in a private manner.

- Some people self-administered their own medicines and appropriate storage and assessments were in place for this to happen safely.
- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines to help them to manage anxiety or increased mental health needs. There were records detailing the circumstances in which these medicines should be used.
- There were systems in place for the storage, ordering, administering, and disposal of medicines.
- The service had recently moved from a monitored dosage system to a patient pack administration system. This meant that the service received medicines, from the pharmacy, in original named packaging and were required to dispense each dose when prescribed from the pack. A change in administration processes had been required and staff were regularly counting individual medicines in order to help ensure all prescribed doses were given. Regular medicine audits were taking place to check if any errors had been made, however the issues above had not been identified by this audit.

#### Preventing and controlling infection

- The service appeared clean and was free from malodours.
- Staff had received training on infection control.

#### Learning lessons when things go wrong

- Staff knew how to report accidents or incidents. Records showed appropriate action had been taken following any event to help ensure the risk of a similar incident occurring was reduced.
- Issues raised during this inspection were addressed immediately by the registered manager who was keen to improve the service where necessary.

# 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

This is the first inspection for this newly registered service. This key question was rated as good under the previous provider. 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

- People's needs and preferences were assessed prior to moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010.
- Care plans showed most people's needs had been robustly assessed and planned for. Clear guidance and direction was provided for staff on how to meet those needs. One person, who had moved in to the service a few weeks prior to this inspection did not yet have a full care plan. However, staff were knowledgeable about this person's needs.
- Health and social care professionals were regularly consulted to help ensure people's needs were met appropriately.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included online and face to face training.
- People told us they found staff were competent and skilled and they had no concerns about the care and support they received.
- Staff were given opportunities to discuss their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held regularly, and staff told us they felt able to speak and be heard.
- Shift handover records and verbal discussions were used to keep staff up to date with people's changing needs.

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

- Staff were aware of people's dietary needs and preferences. One person was on a fluid restriction however, this person had capacity to make their own decisions about this and was regularly non-compliant in this matter. Staff recorded what fluids they provided but the person was living independently and would regularly have additional drinks that were not recorded. This concern is raised in more detail in the safe section of this report.
- Care staff prepared the meals. All staff had received appropriate training in safe handling of food. A recent food standards agency inspection had awarded the service five stars.

- People were offered a choice of food and drink. Some people prepared their own food, in a separate flat designed to help people rehabilitate to independent living. We saw people in the kitchen throughout the inspection making a cup of tea or a snack for themselves. Some people purchased their own food for consumption in their rooms.

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

- People were encouraged and supported to attend regular health appointments.
- Staff liaised with a range of organisations on behalf of people, depending on their individual support needs.
- Health and social care professionals visited people regularly and any information or advice was shared with staff to help ensure people's needs were met.
- Oral health care plans were seen. Staff prompted people to maintain good oral health. People living at the service were independent in their personal care.

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

- The service occupied an old building. The access was not suitable for people who required walking aids or moving and handling equipment to be used. Everyone using the service was independent in their mobility.
- The provider was in the process of a programme of redecoration, new carpeting and was planning a new office in another area of the service. The current office was narrow and cramped with poor access for people wishing to collect their medicines and speak to the manager.
- A new heating and hot water system had recently been installed.
- The maintenance person checked all aspects of the premises regularly.
- People were free to come and go as they wished, The separate flat had it's own entrance.

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 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently. People were asked for their consent to care, information sharing and agreements for the safekeeping of money and cigarettes. The nature of fluctuating capacity in people with mental health needs was recognised.
- The registered manager had recently created a Facebook page for the service, to share information and photographs with friends and families. This page was open to the public, displaying images of people living at the service who did not have the capacity to fully understand the implications of appearing on social media. We discussed this with the registered manager, who removed some photographs of some people during the inspection.
- Following the inspection, the registered manager sent us a reviewed social media policy. Due to the fluctuating nature of people's mental health and capacity, a reviewed process for staff to follow before

uploading images of people to this page was now in place.

- No applications for DoLS had been required.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.

# 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.

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has remained good. 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 felt cared for. Comments included, "I love it here and love the staff," "We cook our own food when we want it, come and go as we please and do our own laundry" and "It is like a sanctuary here."
- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Staff understood the importance of treating people equally and fairly. Information was included in people's care plans to guide staff about any specific needs people had.
- Two people became upset and distressed during this inspection. We saw staff spend time with them, calmly talking things through and providing effective support.
- Staff had been provided with training to help ensure people's rights were protected at the service.

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

- People told us they felt able to speak with staff about anything they wished to discuss. Regular meetings were held with people living at the service about activities, meals and holidays. One person told us, "They are decorating the place for us, we have had lots of chats about it all."
- People were encouraged to approach staff and management to discuss how they were feeling and request any support they needed.

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people. They knew people well and held many relevant and meaningful conversations with people throughout the inspection visit. Confidential information was kept securely.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress. One person made the decision to leave the service and visit their relatives that afternoon and spend the night with them. This was supported, and the registered manager drove the person to their intended destination as the weather was bad.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible.
- People told us they felt respected. We observed staff not enter people's rooms/flat if there was no response when they knocked. The registered manager told us, "It is their home, their room, we don't intrude unless they want us to."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has remained good. 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

- Staff had a good understanding of people's individual needs and provided personalised care.
- The care plans were held electronically. They were person centred and described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs. One person, who had moved to the service a few weeks earlier, did not have a full detailed care plan. However, staff were aware of this person's needs and the risks to their health posed by their non-compliance.
- Daily notes reflected the care people had received, their mood and level of activity.

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.

- Throughout our inspection we observed people and staff communicated well. Some people required things to be explained to them in simple terms to support their understanding. We saw staff enabled people to be fully involved in communicating their needs and preferences at any time to any of the staff team.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- Activities were planned and provided for people at the service. People were also encouraged to go out in to the community to visit cafés and local attractions.
- People went out in to the local area as they wished. We saw many people coming and going throughout the inspection.
- People were encouraged to keep in touch with friends and family.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.

- We were told there were no formal complaints in process. The registered manager showed us the records of concerns and complaints received and the response to these.

#### End of life care and support

- Staff were not providing end of life care to anyone at the time of this inspection.
- Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready, willing or able to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.

# 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.

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has now been rated 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

- As previously noted in the safe section of this report we identified shortcomings in how records were kept and organised. Quality assurance systems had failed to identify that care plans had not been developed in a timely manner and risks not recorded. Systems to ensure staff recruitment records were complete and accurate were not established. Medicines were not always recorded appropriately. In the effective section necessary consents had not always been recorded for displaying photographs on social media. Audits had failed to identify these concerns.

The failure of the provider to assess, monitor and mitigate risk is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by a deputy manager. The registered manager was also registered manager at another service owned by the provider. They worked two days a week at the other service.
- Audits of many aspects of the service were taking place including accidents and incidents and medicines administration. These audits had been used to make improvements to the service, however the issues found at this inspection had not been identified by robust governance and audit.

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

- The registered manager and staff were clear about their aim of providing person-centred care and this was reflected in the way staff spoke about how they supported people.
- The registered manager understood the needs of people they supported.
- People, families and healthcare professionals were encouraged to share their views and experiences of the service on a web-based care home review site. Comments included, "(Registered Manager's name) is a good manager," "The carers do their job well," "They (Staff) always give the right advice and are always approachable."
- Residents meetings had been held to share information with people and seek their views of the service provided.
- People told us, "The manager is my saviour," and "It is nice here and the food is good."
- Visiting healthcare professionals told us, "The support they provide is very good, they really try to manage



risk against people's independence. The staff approach is always adaptable. They liaise regularly with us. I have no concerns."

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

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any safeguarding or unplanned incidents/events, as they are legally required to do.

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

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Team meetings took place and systems such as a communication book and verbal handovers were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team.
- Communication between people, staff and families was good.
- A survey had been sent out to people and families. The responses were positive. Where comments had been made these had been considered and action taken to address them.

Continuous learning and improving care

- The registered manager and the provider completed regular checks on the quality of the service. Action was taken where improvements were identified.
- Regular management meetings were held to support improvements to the service. On going building improvements were continually required in the old building occupied by the service.
- The service had recently been visited by the fire service and the local authority commissioning team. Any actions that came from these visits/assessments had been acted upon at the time of this inspection.

Working in partnership with others

- The service communicated with commissioners appropriately about the service provided at The Crescent.
- Care records held details of external healthcare professionals supporting people living at the service as needed.
- Visiting healthcare professionals told us, "I go regularly, and the staff are always very supportive. I think moving the office to a larger space at the front of the building will help a great deal. It will provide somewhere for people to meet in private when needed."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that robust systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p>