Leicestershire County Council

Smith Crescent Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 10 and 14 December 2015; the first visit was unannounced.

Smith Crescent Care Home offers short stay accommodation for six younger adults (under 65 years of age) who have a learning disability. The service offers people a break from their usual place of residence as well as providing support for full-time carers. There are six single bedrooms without en suite facilities. Accommodation is provided over two floors, access is via stairs or passenger lift. The home has a rear garden which is well maintained that is accessible to people living in the home. At the time of our inspection four people were using the service.

It is a requirement that the home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a new manager in place who was applying to be registered with CQC.

People told us they felt safe. There were systems in place to protect people from abuse and staff knew their responsibilities in relation to safeguarding adults. There were regular checks on the equipment being used and the provider had a plan of what to do if there was an emergency.

There were environmental risks to people who used the service that had not been fully risk assessed or considered. For example, the storage of chemicals was not safe.

People and their relatives felt that the staffing levels were adequate. On the day of our visit we found this to be the case. The staff records we viewed showed us that the manager had made the relevant checks before new staff started employment with the service.

Medicines were safely managed. We saw that there were safe systems in place to make sure that medicines were stored properly. Staff were checked regularly to make sure they were handling medicines safely.

Staff had received an induction and told us they felt supported by the manager. We found that staff were not having regular individual meetings with their manager. This meant that the manager may not have been fully aware of the development needs of staff in order to support people well.

Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff told us how they offered choices to people and how they could not restrict people without the correct authority. We found that records did not show how or if people had consented to their care.

People told us that they were satisfied with the food and drink offered. We were told there was choice available and staff were aware of people's likes and dislikes. This was important as some people could not

express this for themselves.

People had access to see healthcare professionals when they needed to. The staff team updated people's records on their health needs when this was required.

We found that staff were caring and offered support that was friendly and pleasant. Staff worked positively with people when they were anxious and used information from support plans to offer consistent support.

We saw that staff worked with people in a dignified and professional way.

Staff knew about what was important to people and we saw this in practice during our visit. However, records did not show how people had been involved in decisions about their care. There was not any information about advocacy available to people.

Staff worked with people in a person-centred way. People received care that was based on what they could and wanted to do. There was detailed information for staff to follow to provide the right support to people.

There were opportunities for people to take part in activities that were important to them. We saw that these were happening when we visited.

Reviews of people's care and support were taking place but it was not clear from information in care plans when and if people had been included. Relatives told us they had been part of reviews.

People and relatives knew how to complain. The manager had received no complaints in the last year.

Staff told us they felt supported by the manager and enjoyed working at the service. There were opportunities for staff to make suggestions for improvement and we saw this happening when we visited.

The provider had sought feedback from relatives but the outcomes of this had not been shared. There was not a planned way for people who used the service to give feedback.

The manager was largely aware of their roles and responsibilities and knew about reporting specific incidents to the relevant authorities. However, we found that auditing of all of the activities the service undertook did not always happen.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us that they felt safe.

Staff could identify the signs of abuse and knew their duties and responsibilities to keep people safe.

Risks had not always been assessed for people and the environment.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People told us staff knew how to support them.

Staff were trained but they did not have regular meetings with their manager.

Staff understood the requirements of the Mental Capacity Act 2005 but records did not show us how people consented to their own care.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff worked in a kind and caring way with people. Relatives spoke well about the staff team and their caring approach.

People were treated with dignity and people's privacy needs were being met. Staff knew about people preferences and supported people to make choices.

Records did not show always show how people were involved in decisions about their care. Information on advocacy was not available to people.

Is the service responsive?

Good

The service was responsive.

People received care and support that was based on their individual needs.

People's independence was encouraged by staff.

People had individual plans of activities that were based on their likes and interests.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were some systems in place to gain feedback about the service. However, for people who used the service, there was not an established way for this to happen.

There was a manager in place who was applying to become the registered manager. The manager was aware of their responsibilities.

Internal monitoring and assessment of the service was not robust.

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

The inspection took place on 10 and 14 December 2015 and the first day was unannounced. The visit was carried out by one inspector. Before the inspection we reviewed information that we held about the service to inform and plan our inspection.

We spoke with four people who used the service and three relatives. We spoke with the manager, the deputy manager and four care staff. We carried out observations during the visits to look at the support being offered.

We looked at the care records of two people who used the service and other documentation to see how the service was managed. This included policies and procedures, health and safety records and medicines management. We also looked at three staff files to check recruitment processes and the support staff received.

We asked the manager to submit documentation to us after the inspection. This was information relating to emergency planning and a range of policies and procedures. The manager submitted these in the timescales agreed.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I feel safe, I'm well looked after". A relative told us, "I feel [person's name] is safe". Another relative said, "I have no concerns about the safety of the home".

Staff were aware of their responsibilities to keep people safe. One staff member said, "If I see anything I'm not happy with…I would have no hesitation in reporting it". Staff told us, and records confirmed, that they had received training in safeguarding adults. There was a policy which was available to staff which detailed how to report safeguarding concerns. When dealing with potential abuse a staff member told us, "I would inform a social worker if necessary". The manager had systems and processes in place to make sure people were protected from harm and abuse. For example, we observed the manager reviewing a recent incident with the staff team during a staff meeting.

Assessments of risk relating to people's support had not always occurred. For example, one person experienced behaviour that could harm themselves or others. The service had not risk assessed this but had used information from another service. Staff told us this person displayed different behaviour in different settings. This meant that there was a risk to people using the service of harm or abuse. We spoke to the manager about this who said they would write an assessment. We saw that in other areas where risk had been assessed, the assessments were focused on people's needs and were regularly reviewed. For example, one person had requested bed rails to be used as they felt they were at risk of falling out of bed. The service had risk assessed this and monitored the use of these to make sure the person was safe.

There were risks to people that had not been addressed. There was exposed wiring to a corridor on the ground floor. We also found cleaning chemicals were being stored on a shelf in the laundry room close to a hot dryer. There were no risk assessments for these chemicals to determine if they were a fire risk. We saw a paper shredder that had not passed its electrical test still being used. We spoke to the manager about the risks and were told they would be looked at. When we returned on the second day of our visit the wiring had been covered, plans were in place to move the chemicals to a garage and the shredder was moved out of use.

People told us that they were satisfied with their accommodation. However, we saw that the building required upgrading. For example, plaster was coming off the wall in a downstairs bathroom and bedroom, carpets were stained in people's bedrooms, there was damaged paintwork throughout the home and some radiators had rust on them. We spoke to the manager about this and they showed us that plans were in place for redecoration during 2016. However, this did not include people's bedrooms and the manager was not sure when they were going to be refurbished.

Records showed us that regular checks were taking place to equipment to keep people safe. For example, there were fire records showing that the fire alarm had been serviced and fire evacuation practices were happening. We saw that there was a business continuity plan in place which meant that in an emergency there were arrangements in place to keep people safe.

There was a system in place for accidents and incidents to be investigated by the manager. We saw that the manager was taking action to support staff to reduce these where possible. However, one incident record detailing a possible safeguarding concern had been filed without the manager having seen or signed this. We spoke to the manager about this who told us they would investigate with the staff member involved.

Relatives told us there were enough staff to keep people safe. They told us, "There is always enough when I pick up and drop off [person's name]" and, "There are always plenty of staff on duty". Staff members had mixed views on whether there were enough staff to provide support to people. We were told, "We have got enough staff to cover" and, "Sometimes we can struggle". During our visit we found that there were enough staff to keep people safe and to meet their needs.

Staff recruitment was robust and followed the service's recruitment policy. We looked at three staff files and found relevant checks were in place to make sure people were being supported safely. The service had a system in place to regularly check that staff remain suitable to work within the service.

People received their medicines safely and when they needed them. One person told us, "Staff help me with my medicines". A relative told us, "They deal well with [person's name] medication well". We saw that there was a medicines policy available for staff to follow in the safe handling and administration of medicines. We found that medicines were being stored safely and audits of medicines occurred weekly to make sure the systems in place were working. We saw medicines protocols that instructed staff on how to administer specific medicines safely. For example, there was a protocol for administering epilepsy medicine if a person had a seizure. Staff confirmed they had received training in the handling of medicines and were checked for their competency by their manager. We saw records which confirmed this. In this way people were supported by skilled staff.

Requires Improvement

Is the service effective?

Our findings

People told us that staff had the right skills to support them. One person said, "They know what they're doing". Relatives confirmed this and one told us, "The staff have the right knowledge and skills". One staff member said, "We have enough training for what we need to do". Another staff member told us about specific training the team had received from district nurses to support people when they had eye infections.

We looked at the training records and staff had received training in core skills such as moving and handling, safeguarding adults from abuse and fire awareness. There were some staff that had not received training in equality and diversity and communication with people who have learning disabilities. We asked the manager about this who told us what plans were in place to make sure this was addressed.

Staff had received an effective induction when they started working with the service and records confirmed this. We found that staff had not received regular supervision to offer them guidance and support about their work from a manager. Supervision is a process where staff meet with their manager to receive guidance and support. One staff member told us, "I had one about a year ago". Another staff member said, "I think I've had two this year". Records confirmed that staff had received supervision once a year on average. This meant that staff did not have supervision regularly and the manager could not be sure that people received the care they needed. We spoke to the manager about this and they showed us a diary of planned supervisions to make sure they occurred more regularly. We were also shown records that showed us how staff were going through parts of the Care Certificate. The Care Certificate aims to equip new staff with the right skills and knowledge to provide good quality care. Records showed us that supervision sessions for all staff members will incorporate parts of the Care Certificate to make sure they are working to professional standards.

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. We checked whether the service was working within the principles of the MCA.
Staff were trained in the MCA and explained how they had supported people to make their own decisions. When a person did not have capacity to make a decision, one staff member told us, "We don't want to take away their independence; we want to work in a person's best interests with the person's family and the manager". However, records did not indicate if people had the capacity to consent to the care provided or if consent had been obtained. We spoke to the manager about this who told us people had been consulted but this was not always recorded. The manager said they would plan to improve this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the manager had made DoLS applications to the 'supervisory body' (the local authority) for

authority to restrict a person's freedom. Staff showed a good understanding of DoLS. One staff member told us, "We can't keep someone here against their will unless we have a DoLS in place".

People told us that they were satisfied with the food provided. One person said, "The food is nice, you can choose what you like". Another person told us, "The food, it's alright; you can choose what you want, anything really". One relative was complimentary about the quality of food and told us, "I've been into the kitchen when they were cooking, there's lots of home baking". We saw that food and drink was available to people throughout the day. When one person returned home they requested something to eat which was acted upon by a staff member. We observed people being given choices about food and drink options. We saw that there was a food likes and dislikes folder in the kitchen. This detailed people's preferences and was being used by staff members on the day of our visit. Daily notes showed how people had made their own food choices.

People received support and advice from healthcare professionals in relation to their eating and drinking needs where this was needed. We saw plans that directed staff on how best to support people who required assistance to eat. For example, there was a risk assessment for a person who was at risk of choking which had incorporated advice from a healthcare professional. This meant that the person was being supported appropriately.

People were supported on a daily basis with their health needs and had access to healthcare services. A relative told us, "[Person's name] previously had to visit a GP whilst at Smith Crescent and they kept us informed". Staff told us, and documents confirmed, that a person had seen a GP the day before our visit and had been prescribed medicine which we saw being in place. There were daily records about people's health and well-being being maintained which meant information was available to other staff. This meant that staff had up to date information to support people.

Requires Improvement

Is the service caring?

Our findings

People told us that the staff team were caring. One person told us, "They are kind". Another person said, "The staff are alright". Relatives were positive about how the staff supported their family members. One relative told us, "Staff are lovely". Another relative said, "Staff are very helpful and very concerned about [person's name] ". Staff members told us they felt they were caring. One staff member said, "We care about the people. Staff genuinely care. We had a fundraising activity recently where we raised funds to help take people out a bit more which went well".

We saw that people were being supported in a kind way. Where people required clear boundaries to support them, this was done in a calm and supportive way. People were being listened to. We saw staff sitting with people and talking to them about things that mattered to them. Where people were anxious or upset, staff responded immediately in a caring and supportive way. A relative told us, "I can't praise highly enough the staff, they work so well with [person's name]".

We saw that people were interacting with staff in a confident way. This showed us that positive relationships had been established which helped people feel cared for. One person described to us how the staff had helped her, "They help me do my shopping as mum can't as she's ill. Nothing is too much trouble for them". We saw that staff were communicating with people at a pace that was appropriate for each person. Staff took time to understand people's communication particularly when this was difficult to understand. There were individual communication guidelines for staff to follow which helped staff listen well to people.

The care plans we looked at contained information on people's backgrounds and life histories. Staff members were able to speak about these and described what mattered to people. For example, one staff member told us which rooms people preferred to stay in and the reasons for this. One staff member told us, "We know the needs of people, most of us have been here over five years". We saw records that detailed things that people could do for themselves and we saw staff encouraging people to be independent in a caring way.

We looked at how people were supported to be involved in making their own decisions. We saw that people were supported to make decisions about daily living. For example, people were being asked how they would like to spend their time and what they wanted to eat for their evening meal. Staff members were seen to support people in line with their requests.
Records did not always show that people had been involved in making decisions about their own care or that significant others had participated in the process. We also found that information on advocacy was not available to people. This meant that people may have been receiving care that was not of their choice. We spoke to the manager about this who said they would look into how to improve this.

People's privacy and dignity was being respected. When people were asked if they required the toilet, this was done in a dignified and private way. We saw that bathroom doors were closed when people were being supported with personal care and saw that staff knocked on people's doors before entering their room. When staff were talking with people about private matters, this was done in a sensitive and discrete way.

People's bedrooms contained things that were important to them. There was a process in place to ensure that before people came to use the service, things that mattered to them had been considered. This took the form of a checklist. For example, we saw that one person's care file made reference to a television being available in their room. At the time of our visit the person had this in place.

Records containing information about people who used the service were mainly kept secure. There were lockable cabinets for the safe keeping of files and documents. However, some information about people had been left in a communal area. We spoke to the manager about this who said they would remind staff to keep information secure.

Good

Is the service responsive?

Our findings

People who used the service received care that was responsive to their needs. One person told us, "I make my own drink and staff help me if I need it". Another person said, "I make cakes, the staff encourage me to do as much for myself as I can". A relative told us, "They know to give [person's name] time to speak and [person's name] need this in order to communicate". A staff member described their approach to supporting people commenting, "I try and work with people in a person-centred way. It's about finding out about what people enjoy".

People were involved in the recruitment of staff. We saw interview notes that used pictures to rate how good people felt prospective staff were. This meant that people were being supported by staff who they felt could meet their needs.

All of the people who were using the service undertook activities during the daytime. When we arrived at the service, people were busy getting ready for the day. We saw in one person's records that they enjoyed visiting a fast food restaurant. We saw a photograph that showed us the person had undertaken this with the service. The person looked happy.

Staff told us that there were activities to undertake in the evenings and weekends when people spend time in the home. We saw there were puzzles, games, DVDs and a garden project to participate in if people chose to. We also saw that there was access to the internet and there was specialist equipment in place to enable people to use the computer. On the day of our visit we heard people singing Christmas carols with staff members. Handover records showed us that people's preferences and choices were being responded to.

We asked staff members how they knew about people's preferences. One staff member told us, "I ask people all of the time what they like and what they don't". Another member of staff told us that people's preferences are detailed in their support plans. Relatives had been involved in giving information to the service about people's likes and dislikes. One relative told us, "We gave them information and we feel they are very aware of [person's name] needs and confident they know about [person's name] likes and dislikes". We saw 'preparation of stay' sheets being used which detailed what was important to the person, what resources they wanted and how best to support them during their stay. Staff explained that these are sometimes completed based on knowing people as not everyone who used the service could tell the staff about their likes and dislikes.

We looked at people's support plans which showed us that the service was working in a person centred way. Person-centred working is putting the person at the centre of their care. We saw documents called 'one page profiles'. These contained key information about people that could be used at a glance to get an overview of, for example, a person's likes and dislikes and how best to support the person. We saw information on people's morning and evening routines that contained pictures so that the person could understand their support plan. There were documents about what was important to people. For example, we saw that records highlighted a person's requests for not having drinks that are too hot preferring to be offered "cooler drinks".

Records showed us that where people had complex needs, these had been documented with clear information for staff to follow. For example, we saw that one person needed support when they got anxious and showed behaviour that may challenge others. There were guidelines on how to spot the early warning signs, how to support the person and how to identify what the person may be trying to communicate. We saw this happening during our visit and staff were responsive to behaviour that was challenging and followed the support plan in place.

We saw that people's support plans were regularly reviewed. However, we could not see that people had been contributed to their own reviews. If people were not able to participate, the reasons were not recorded. We spoke with the manager about this who said they would revise the documentation to include if people were part of any review. Where not, the manager said they would remind staff to record why. We saw that relatives contributed to reviews of their family member's needs. One relative told us, "They have been tightening up reviews, they are very thorough now". Another relative told us, "We have reviews yearly, either on the phone or in person".

People told us that they knew how to raise a concern or complaint. One person told us, "I like it here; I wouldn't like to complain about anything. I would go to the manager if I needed to". We saw that there was an easy to read complaints policy on the noticeboard so that people knew how to make a complaint. Staff told us that they seek daily feedback from people about their stay at the home. We asked relatives if they had raised a concern or complaint. One relative told us, "We have never had to raise a concern". Another relative said, "there are no concerns, it's an absolute lifeline". Relatives confirmed with us that they knew how to complain should they need to. We asked the manager about complaints received in the last year. We were shown the complaints folder and there were no entries. We looked at the complaints policy which had clear steps the service would take should a complaint be received. We saw that the service encouraged feedback. There were evaluation forms sent home with the person when they had finished their stay which included seeking people's opinions on, for example, activities and the food and drink.
We saw cards on display thanking the staff team for their good care and support.

Requires Improvement

Is the service well-led?

Our findings

People told us that they liked the manager. One person said, "I can talk to the manager he is nice". Relatives commented positively about the manager. One relative told us, "We have spoken to the new manager and we are satisfied". Staff told us that there were lots of changes happening in the service but the manager was supporting them well. One member of staff said, "The new manager is settling in, there are lots of changes but I do think the manager listens to us".

Staff told us they enjoyed working at the service. One staff member said, "The management team are wonderful. They are helping to raise standards". Another staff member commented, "The management are very capable…we have an open management team and I can talk to them if something was wrong". Staff confirmed they felt supported by their manager. One staff member told us, "I feel very supported".

The manager was open to suggestions on developing the service. One relative told us, "I believe they do ask us but we haven't completed it (a questionnaire)". Another relative said, "I have had a survey in the past asking for suggestions to develop what they're doing". Staff confirmed that they could give suggestions to make improvements and we saw during a staff meeting that staff were giving ideas on how to improve the handover between staff. These ideas were taken on board by the manager and systems were changed. We saw that there was a suggestions box available for people to offer comments.

We looked at the quality assurance systems in place whereby the manager checked people's opinion of the service. We saw that questionnaires had been sent to people's relatives. Questions were asked about people's views on how to shape the service and the quality of it. The manager told us that the results of which had not been shared with relatives as yet. We asked the manager about gaining the opinion of people who used the service on a regular basis. The manager said this would happen in the near future.

We looked at the provider's Statement of Purpose. This detailed what people could expect from the service and what the service strove to achieve. When talking with staff, we found that they understood the service's aims and objectives in line with the statement of purpose. For example, staff were able to describe approaches to supporting people that encouraged their independence. Both the manager and staff had a shared understanding of what was working well which was the responsiveness of care offered to people. The manager and staff told us about the need to raise some standards of quality and all stated they were committed to achieving this aim.

We saw evidence of good leadership. For example, there were regular staff meetings occurring. Topics covered included the training of staff, issues relating to people who used the service and reminders for staff on professional practice. Staff had the opportunity to express their views and these were acknowledged.

We spoke to the manager who was in the process of applying to become the registered manager. The manager told us there were improvements that needed to be made. For example, we were shown agreements between the service and the wider local authority to address some concerns around people's support planning. We looked at records to make sure the manager knew their responsibilities to report

certain incidents. We found that the manager understood their role and responsibilities. We observed the manager working within the home on the day of our visit. The manager supported staff when questions were raised and directed staff to change their approach where this was needed. This showed us effective leadership.

We saw that some audits of the service were being carried out. For example, audits of medicines were being carried out weekly and signed off by a manager as being completed. We saw that there was a health and safety audit completed earlier in the year from the wider organisation. However, the actions identified were not marked off as completed. The manager did not have a system to help them to make sure that audits were occurring for the range of activities being undertaken. Where audits were carried out by staff, we could not see that they were always being checked by the manager. We saw that some audits had not been completed in over a year and it was unclear who was responsible for carrying these out. These included health and safety quarterly audits which were specified as required in the provider's policy. We also found that there were outstanding actions within the fire risk assessment that had not been addressed which had been raised over a year ago. This meant that actions following audits were not always completed or recorded meaning people might not have been receiving a safe and good quality service.