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The Crescent Residential Care Home

Inspection report

1 Island Crescent
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Crescent is a care home which provides accommodation for up to 15 people with mental health needs who require personal care. At the time of the inspection 15 people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected The Crescent on 2 October 2017. The inspection was unannounced. The service was last inspected in July 2015 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. A relative said "(My relative) is safe and content, he has good support for his needs."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard. People had the opportunity to look after their own medicines, if this was appropriate for them to do so.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as fire safety, infection control, first aid, and working with people with mental health needs.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. There were also good links with the local mental health team which enabled people to receive suitable support of their mental health was deteriorating.

There were enough staff on duty and people said they received timely support from staff when it was needed. People said staff responded promptly and we observed staff being attentive to people's needs.

Care was provided appropriately and staff were viewed as caring. Relatives told us, "The service is excellent, the staff are professional whilst also being caring, friendly and helpful," and "Excellent, care is of a very high standard."

The service had some activities organised. These activities included swimming, trips to the pub, arts and crafts, and meals out. One person told us, "I enjoy going out to a local meeting club," and a relative told us, "I think it's wonderful they take him swimming, he loves it."

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. "It is wholesome and of sufficient quantity." Everyone said they always had enough to eat and drink. People said they were involved in the planning of the menu, and an alternative was always provided if they did not like what was on the menu.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint. One person told us, "Any problems and they are soon sorted out."

People felt the service was well managed. The service had a positive culture focussed on the individuals who lived at the home, providing people with choices, and an environment which was easy going and not regimented. Suitable quality assurance systems were in place. There was good communication between staff, relatives and community professionals.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Crescent Residential 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.

We visited The Crescent on 3 October 2017. The inspection was carried out by one inspector and an Expert by Experience. An Expert-by -Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with six people who used the service. We had contact (either through email or speaking to) with five relatives. We also spoke with the registered manager and one member of staff. Before and after the inspection we had written contact with two external professionals including health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at three records which related to people's individual care. We also looked at three staff files and other records in relation to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. For example people told us, "I feel safe because I get on so well with all the staff," and "I feel safe because everybody (staff) is looking out for me." Relatives said, " I know my relative is safe, because I visit every day, " and "(My relative) is safe and content, he has good support for his needs…. They and a number of Newquay businesses have a system where for example café owners know the vulnerable local residents and keep them safe"

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person and these covered relevant risks the person may be subject to such as poor nutrition, the risk of their mental health deteriorating and risks of alcohol and drug abuse. Risk assessments were reviewed monthly and updated as necessary. People at the service currently did not require assistance with moving and handling.

We noted that the windows in the first floor dining room were not fitted with window restrictors. The registered manager said she would complete a risk assessment, in line with Health and Safety Executive guidance to help decide whether there was a risk that some one could fall from these.

Currently only one of the lounges is designated a smoking area. However we noted that there were used cigarette ends, in an ashtray, in one person's bedroom. There was no evidence of risk assessment, for each individual, whether it was appropriate for them to smoke in their bedrooms, or of what additional measures were put in place to minimise the risk of fire.

People's medicines was administered by staff. People came to the office to receive their medicines. One person told us, "I always get my medication on time." Records showed people received their medicines as prescribed and on time. Medicines were stored in a locked cabinet. A satisfactory system was in place to return and/or dispose of medicine. Currently no medicines
required refrigeration, but there was satisfactory storage arrangements available if required. Some people, to some extent, looked after their own medicines. Suitable written agreements were in place, in people's files as necessary. Some people had 'as required' medicines available if they
were very anxious. Guidance was in place for staff to guide them regarding the use of these medicines. The prescribing of medicines specifically prescribed for mental health issues was overseen by Community Psychiatric Nurses, and the Consultant Psychiatrist. Training records
showed that staff who administered medicine had received comprehensive training. The pharmacist had checked the system, and their report said its operation was satisfactory.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries, cigarettes and hairdressing. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded in records. The registered persons' did not act as appointee, or as a signatory for financial purposes. for any individual. No staff had access to PIN numbers for any individual.

There were enough staff on duty to meet people's needs. Rotas showed there were at least two staff on duty until 10pm. During the night there was one care assistant sleeping in at the home, who people could contact in an emergency. The registered manager worked at the service, on a full time basis and completed some shifts. At the time of the inspection staff appeared not rushed and attended to people's needs promptly. Overall we judged staffing levels as satisfactory although we did receive some comments from relatives and professionals who felt if there were increased staffing levels this would assist people to go out more, and receive more one to one support with rehabilitation work.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was generally clean and well maintained. Appropriate cleaning schedules were used. People were involved, to some extent, in the general cleaning, and were responsible for cleaning their bedrooms. Hand gel was available to assist in minimising the risk of cross infection. The service was warm, and had sufficient light.

However an offensive odour was detected from a carpet on the first floor, outside the office.One of the relatives I spoke with also made a comment about the odour when they visited the home.

In two communal toilets no hot water tap was fitted to wash hand basins, which could cause a cross contamination hazard when people washed their hands.
People were encouraged to do their own laundry, and suitable facilities were available.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. The electrical circuit had been tested and was deemed as safe. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The fire authority made some recommendations after a recent visit, and the registered persons were in the process of implementing these.

Good

Is the service effective?

Our findings

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service she spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The registered manager said new staff were required to do the Care Certificate if they had not worked in the care sector before.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in fire safety, infection control, safeguarding, medicines management, mental capacity and deprivation of liberty safeguards, first aid, equality and diversity, food safety, and working with people with mental health needs. Most staff had completed a diploma or a National Vocational Qualification (NVQ's) in care.

Staff told us they felt supported in their roles by colleagues and senior staff. There was a small team of six people and the manager said the team spent a lot of time talking with each other about people's needs, and ensuring the service worked effectively. There were records of individual formal supervision with a manager.

People told us they did not feel restricted. The front door of the service was unlocked so people could come and go as they pleased. People told us they felt there were no unreasonable restrictions imposed upon them living at the service. No physical restraint was required with any of the people who lived at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how they wanted to spend their time and when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met.

The registered manager said none of the people who lived at the service lacked mental capacity to make decisions for themselves. The registered manager demonstrated a suitable awareness of the legislation. Staff had all received formal training about the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were happy with their meals. People told us they had enough to eat and drink, the food was enjoyable, and they had enough to eat. Comments received included, "It is wholesome and of sufficient quantity," "The food is lovely," "It's like eating in a 5 star hotel," and "The cook is very good." Staff said, because The Crescent was a small home they knew people's individual likes and dislikes. The service had a four week revolving menu. People were involved in developing this through discussions at the resident meetings which took place frequently. A notice in the kitchen showed peoples dislikes of certain foods, with one person not liking liver and kidneys and another person not liking chewy meat and hard food. Residents ordered their meals the day before or on the day. A record book of what meals people had eaten was kept. People could help themselves to tea, coffee or a cold drink, and snacks. The service also organised regular take away meals, and people went out for meals together for example if there was a special occasion.

People told us they could see a GP if requested. We were also told people had access to other medical practitioners such as a chiropodist, dentist and opticians. A relative said, "If (my relative) needs to see a dentist etc. this is arranged promptly and someone always accompanies (them)." The service received good support from the community mental health team. For example the registered manager said she could speak with Community Psychiatric Nurses (CPN's), if there was a concern about someone's mental health. CPN's also regularly visited the service for example if someone needed a depot injection, or to give advice to individuals or staff. People received suitable support if they had other medical conditions such as diabetes.

The building only had limited accessibility for people with physical disabilities on the ground floor. The fabric of the building was dated and worn. We also received several comments from professionals and relatives that they felt the décor of the building could be improved. For example one comment included, " There is no way that these premises would win any prices for being a modern building in a spic and span condition." The registered manager showed us a plan, which the registered provider had written, to upgrade decorations, furniture and fittings. The work had been delayed due to other building priorities, but the work was due to be completed in the next few months. We also received a comment that the long and thin office presented a risk if people were to block staff and prevent them from exiting. It was subsequently thought it would be better to relocate the office to a different location. People told us they liked their bedrooms and these were always warm and comfortable.

Good

Is the service caring?

Our findings

People, their relatives and professionals were positive about the care people received from staff. Comments received included "Excellent, care is of a very high standard." "The staff are so caring, they are wonderful to me." A relative said, "They have a good appreciation of common sense and that is a good thing." An external professional said people at the service, "Express fondness towards staff."

We observed staff working in a kind, professional and caring manner. Staff were judged to be patient, calm, and did not rush people. A relative said, "Staff are always helpful and courteous." Staff provided help to people discreetly. People received suitable support with personal care.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was information about people's background to assist staff to understand people's history. The registered manager said where possible care plans were completed and explained to, people and their representatives.

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

None of the people at the service currently used advocacy services, although information was available at the service if people wanted an advocate or needed to use the advocacy service.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also to one of the lounges if they wanted to meet with visitors.

Good

Is the service responsive?

Our findings

People and their relatives were positive about the care they received from staff. We observed staff acting in a kind and considerate manner. When people asked for assistance from staff they received prompt and appropriate support. An external professional commented that staff "knew their residents well…can see warning signs when an individual is becoming unwell and increase support and refer to other services" as necessary.

The majority of people lived in the main house, but there was an annexe attached to the house where two people lived with a greater degree of independence. There was also one flat at the top of the house, where the person was also able to live more independently. This enabled some people to be able to move on from the main communal living area and gain some further skills before the possibility of moving on from the service.

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. The registered manager had good relationships with the community mental health team, and many of the people who moved to the service had been resettled from the psychiatric hospital. People, and/or their relatives, were also able to visit the service before admission. People also would come for an overnight stay before decisions were made about their suitability and wishes to move to the service. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan. All records were stored in files, but the registered persons were introducing an electronic system to store care plans and other care records.. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, mental health and personal care needs. Risk assessments were also completed with the aim of minimising the risk of people's mental health deteriorating, people having inadequate nutrition and other risks that individuals my be subject to. Care plans were regularly reviewed, and updated to show any changes in the person's needs. People also had face to face review meetings which took place at least once a year. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged some activities for people, although most people wanted to organise their own time. Activities included swimming, trips to the pub, arts and crafts, and meals out. People had also been on holiday recently to a caravan at a holiday park which they said they had enjoyed.
Some people helped with household activities such as cleaning, cooking and washing up. One person I spoke with told us they went out twice a week to a local meeting club where they enjoyed knitting and quizzes. Other people often went into the local town centre and took buses further afield.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt

confident appropriate action would be taken if they raised a concern. The service had not received any complaints, but the registered manager said records would be kept if these were necessary.

Good

Is the service well-led?

Our findings

People, relatives, professionals and staff had confidence in the registered persons (owners and manager of the service.) For example people told us the registered manager was approachable, and helpful. The registered manager was observed engaging very well with people who used the service.

The registered manager said the ethos of the service was to enable people to live as "freely" as possible, "with rules and regulations" kept to a minimum. The emphasis was to assist people to keep well and prevent mental health relapse. The registered manager said staff tried to create a "homely and easy going" environment which was "run for the residents not for our convenience." A relative said "I find the atmosphere there good with plenty of give and take."

Relatives and staff were positive about the culture of the service. People told us, "The manager is really hands on, " "Any problems and they are soon sorted out," and "They have turned my life around."

The staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

The registered manager worked in the service full time, and worked alongside staff. The registered manager said she was on call when she was not at the service.

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. Comments received about communication included: "Excellent, I am delighted with the way they keep me informed. It is obvious they care about (my relative) and wish to do their best for him."

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, health and safety, training provision, accidents and incidents. An annual survey of relatives was completed to find out their views of the service. Results of previous surveys were all positive.

The registered manager said the owner visited regularly. There were formal handovers between shifts, and the registered manager said she attended these regularly. There were records that four staff meetings had occurred in the last year. There were also records that residents meetings occurred. According to the records we saw three 'residents' meetings' had occurred so far this year. Records of these meetings were detailed and showed people actively participated in discussions.

The registered manager was registered with the CQC in 2011. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.