

CareTech Community Services Limited

The Crescent

Inspection report

48 Castle Street
Hadley
Telford
Shropshire
TF1 5RA

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Crescent is a residential care home that was providing personal care to four people who had a learning disability and/or autism at the time of inspection.

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

The management of people's medicines was not always carried out effectively. Systems had failed to ensure accurate medicines information was contained in people's medicines records. There was no evidence people were harmed as a result of this oversight.

The locations fire risk assessments did not include the environmental recommendations, or any preventative changes completed as advised by the Fire and Rescue Service report.

Staff training was not always completed within timescales to ensure all staff have the necessary and up to date knowledge and skills to support people's needs and safety.

The systems used by the provider to have oversight of the service were not always followed at the location to ensure accurate and robust quality monitoring was taking place or being completed consistently.

People felt safe and their freedoms were respected. Relatives shared positive views around people's safety and staff understood people's needs and how to raise concerns about people's safety.

People's needs and independence were promoted by staff and the management team. The provider understood their legal responsibilities in the safety and care of people. The provider was working in partnership with the local authority to make improvements to safety at the service and people's experiences of care.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The size and design of the service allows people's privacy and dignity to be maintained and facilitates person centred care. The service did not feel impersonal and people could choose to use communal areas. The service is located within the local community, close to local amenities

and health services. The service recognised people's strengths, promoted people's independence and used positive behaviour support to inform their practice.

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

Rating at last inspection

The last rating for this service was Good (published 16 April 2019).

Why we inspected

We received concerns in relation to the safe care and treatment of people living at the service, the leadership at the service and the oversight of the service by the provider. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. 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.

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.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Crescent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information that we had received about the service since the last inspection. We were provided with information from the local authority quality assurance and safeguarding teams and the Police. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We observed three people who were living at the service, some of whom were unable to communicate well verbally or were being supported by visiting health professionals. We spoke with three relatives and six staff members, including the interim home manager, operations director, team leader and two support workers. The registered manager was not available during the inspection.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the local authority.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- People's medicines administration records (MAR) were not always complete, nor information recorded accurately. For example, on one person's MAR it was recorded that medicine was prescribed at regular times throughout the day. However, this medicine was to be administered 'as required' and there were no "as required" medicine protocols within the person's medicine file. Another MAR contained gaps where medicine should have been administered, however there was no entry on the MAR to indicate whether the medicine was administered or refused by the person, so we could not be assured this had been given.
- Not all staff had completed Medicine Administration training as required. Two of the eight staff required to complete this training had not done so and there was no evidence this had been started.
- There was no evidence people had been harmed due to these errors. Protocols were immediately placed in the medicine records by the team leader and a medicines awareness session was to be completed on the day of inspection. The provider is aware of the incompleteness of staff training and is addressing this through a provider action plan shared with the local authority and ourselves.

Assessing risk, safety monitoring and management

- The living environment posed a risk to the safety of people and staff. The provider had not acted on the advice by the fire service's risk assessment dated 27 June 2019, to update the locations own fire risk assessment dated 30 October 2019, following recommendations made. For example, we found the heater tank room's door still did not close or lock easily during the inspection. The provider arranged for this to be addressed by the maintenance team on the day of inspection.
- Incidents and accidents were not always accurately recorded or acted upon. We found one incident record identified the use of restrictive holds by staff, however the summary of the incident specified this was not required. This information was inconsistent, and we found no evidence this had been identified by the registered manager or acted upon. Another person had experienced a number of falls, which were recorded as incidents, however prompt action was not taken and no date of analysis of the incidents were recorded. This meant we could not be assured people were receiving care and treatment in line with their plan of care and measures to reduce risks were being acted upon promptly.
- The provider responded to concerns raised by staff. The provider was working closely with the local authority and police service regarding a possible closed culture at the service which was raised by staff. A closed culture is a poor culture in a health or care service that increases the risk of harm, which includes abuse and human rights breaches and can be deliberate or unintentional.
- People's care plans and risk assessments were being updated at the time of inspection. These contained detailed information of people's needs and risks and provided staff with information on how to support people safely. One relative told us "I think they understand (Person) extremely well." Another relative told us

"The staff know (Person) very well, what they like and what they don't like to do."

Staffing and recruitment

- People were not always supported by staff who had up to date skills and knowledge to provide safe care. Staff training was not always complete or up to date in most key training requirements at the service. For example, Manual Handling Training had only been completed by 63 percent of staff. The provider had identified this and was addressing this issue through an action plan shared with the local authority. Staff we spoke with knew people well and understood their individual needs.
- We observed there were enough staff to ensure people were supported to meet their needs when they required support.
- Staff were recruited safely. Employment checks were completed including employment history, references and proof of identity was checked. Disclosure and Barring Service (DBS) checks had been completed which help to prevent unsuitable staff from working with people who are vulnerable. The Disclosure and Barring Service helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at The Crescent. One relative told us "(Person) is always happy to go back there after visiting us, (they) feel secure." Another relative told us "(Person) is happy there and loves the staff."
- During the inspection there were ongoing safeguarding enquiries being undertaken by the local authority and Police into allegations of abuse which the provider was cooperating with fully. Despite this, procedure had been followed and people were protected from the risk of abuse. People were protected from the risk of abuse.
- Most staff had completed scheduled safeguarding training. Staff we spoke with understood their safeguarding responsibilities and knew how to raise concerns.
- The provider had appropriate policies and systems in place to raise safeguarding concerns. Safeguarding referrals were being completed and documented appropriately and action was taken where needed.

Learning lessons when things go wrong

- The provider had systems in place to deal with incidents or accidents that had occurred. However, the recording of information was inconsistent to evidence measures were taken to mitigate risks or act promptly at the location.
- At the time of inspection, the provider was working toward an action plan in response to concerns raised by the local authority and police. Part of this action plan was to review accident and incident processes, some of which were being undertaken at the time of inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The systems in place to monitor the administration of people's medicines was not always effective. Auditing of medicines records had not been completed to identify "as required" medicines were entered as regular medicines, that medicine protocols were missing from the medicine administration record, or there being gaps in medicine administration charts. People had not come to harm as a result of this and the team leader acted on the day of inspection to rectify this issue.
- Environmental fire risks at the service were not reviewed or acted upon as required. The services fire risk assessment did not include recommendations made by the Fire Service, as reported on under safe. There was no system in place for the provider to evidence when actions were completed to assure us prompt action was taken.
- Incident and accident records were not reviewed effectively to ensure they were accurate, and actions were taken promptly, as reported on under safe. We found no evidence people were harmed as a result and the operations manager confirmed changes were being made to the Quality Assurance systems at the service.
- The provider had not ensured staff training was complete. Only two of the 15 training requirements had been completed by all staff.

The governance systems were not robust enough to demonstrate safety was effectively managed, placing people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was undertaking a review of the Quality Assurance systems at the service to address the concerns found and was working alongside the local authority in meeting its own action plan to ensure the safety and care of people at the service was being met.

- The provider understood the requirements of registration with the Care Quality Commission, and had submitted notifications to us as required by law.
- We observed the service's last inspection rating was displayed in accordance with the law.

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

- There were ongoing enquiries being undertaken by the local authority and Police regarding the safe care and treatment of people and a possible closed culture at the service. However, staff spoke positively of the culture at the service. One staff member told us, "The registered manager and team leaders are approachable, and I would be able to knock on their door and talk about anything I was concerned about easily." There was mixed feedback from relatives. One relative told us, "Things have improved over the last couple of weeks, the previous manager always was welcoming and told us what was going on but I don't think much of this new manager." Another relative told us "We've often been involved in meetings, and we are involved with staff, speaking to them regularly, we are informed if there are any problems."
- People had their choices and freedoms respected. We observed people being offered choices about what they wanted to do. Staff understood people's capabilities and offered support and encouragement when needed. Interactions between staff to people were genuine and caring, with people responding positively.

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 provider demonstrated openness in addressing concerns raised by the local authority and Police. The provider had been cooperating with enquiries and submitted an action plan to the local authority to address concerns identified. We were provided information that had been shared with people's relatives to keep them informed of the current circumstances and provided assurances of how issues were to be put right.

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

- People had been assigned key workers to support them with their day to day needs and to establish consistent meaningful relationships. One relative told us "Staff are very good at reading (Person) signals, so they know how to support (Person)."
- People were supported to engage in activities that were meaningful to them. Due to the government lock down, staff supported a person to engage in virtual music therapy to after suggesting this to relatives. The relative told us, "Initiatives come from the management and staff to support communication and activities."
- People were supported to maintain meaningful relationships and access the local community. Staff supported people to telephone and video call relatives to maintain social contact. Staff were supporting people to go to the local shops and for walks.

Working in partnership with others

- The provider was working closely with others to make improvements at the service and to support ongoing enquiries.
- We observed the provider was working with external health and social care professionals to ensure people's needs were being met.

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 governance arrangements had not identified the concerns we found at the inspection and therefore had not driven to improvements in the service. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed.</p>