

Condover College Limited

# The Crescent

## Inspection report

1a-1b The Crescent  
Bomere Heath  
Shrewsbury  
Shropshire  
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Tel: 01939291841

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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

About the service: The Crescent is a residential care home registered to accommodate up to five people. At the time of this inspection the service was providing personal care to five people who have a learning disability.

People's experience of using this service:

People could be assured that staff would know how to safeguard them from the risk of potential abuse. Staff had access to risk assessments to support their understanding about how to mitigate the risk of harm to people. People were cared for by sufficient numbers of staff who had been recruited safely. People were supported by skilled staff to take their prescribed medicines. Systems were in place to monitor hygiene standards and to protect people from the risk of avoidable infections. Lessons were learned when things went wrong, and action was taken reduce a reoccurrence.

The assessment of people's care and support needs ensured they received a service specific to their needs. People were cared for by skilled staff who were supported in their role by the registered manager. People had a choice of meals and were supported by staff to eat and drink sufficient amounts. The provider worked with other agencies to ensure people received a seamless service. People were supported by staff to access relevant healthcare services when needed. The environment was suitable to meet people's needs and comfort. People were supported by staff to make decisions.

People were cared for by staff who were kind and compassionate. People were encouraged to be involved in decisions about their care. People's right to privacy and dignity was respected by staff. People were supported to pursue their social interests. Staff were able to recognise when people were unhappy, and action was taken to resolve this. At the time of the inspection no one was receiving end of life care.

The provider had a stable management team. Systems were in place to monitor the quality of the service provided to people. People and their relatives were encouraged to be involved in the running of the home. The provider worked in conjunction with other agencies to ensure people's needs were met.

Rating at last inspection: The service was rated Good the last inspection in September 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. More information is in Detailed Findings below.

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 safe

Details are in our Safe findings below.

Good ●

### 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 well-led

Details are in our Well-Led findings below.

Good ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

The Crescent is a care home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager was not present on the day of our inspection visit.

#### Notice of inspection:

The inspection site visit was unannounced. It started and ended on 15 May 2019.

#### What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would assist our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

At the inspection visit we spoke with two care staff, the deputy manager, the infection, prevention and control lead, the head of care and support and the quality assurance coordinator. The people who used the service were unable to tell us about their experiences of using the service. After our inspection visit we carried out four telephone interviews with the relatives of people who use the service.

We looked at two care plans and risk assessments. We looked at records relating to the management of medicines, staff training, complaints and quality assurance monitoring.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People could be confident they would be safeguarded from the risk of potential abuse. This was because staff were aware of the signs of abuse and their responsibility to share this with the relevant agencies to protect people from the risk of further harm.
- The head of care and support told us that an annual safeguarding report was carried out. This reviewed their safeguarding policy, to ensure staff had the skills to recognise potential abuse and to ensure staff had access to safeguarding workshops.
- The provider had a safeguarding team who investigated allegations of abuse and shared information with the relevant agencies.

Assessing risk, safety monitoring and management

- Staff told us they had access to risk assessments that informed them about the potential risk to people and how to protect them.
- We saw risk assessments in place that highlighted the risk when travelling in vehicles and the potential risk of choking.
- We observed that a personal emergency evacuation plan was in place. The evacuation plan was provided in a pictorial format to promote people's understanding and to tell staff about the level of support the individual would need to leave the building safely in an emergency.
- People were supported by skilled staff to manage their behaviours. We saw Antecedent, Behaviour and Consequence (ABC) charts in place. The ABC model is an approach that is used to help staff examine behaviours they want to change, the triggers of those behaviours, and the impact of those behaviours to the person and others around them.

Staffing and recruitment

- People were cared for by sufficient numbers of staff who had been recruited safely.
- We saw evidence of the undertaking of a Disclosure Barring Service (DBS) check and the request for references. DBS checks help the provider to make safe recruitment decisions.
- We spoke with four relatives who told us there were always enough staff on duty.
- We observed that staff were always present to support people when needed.

Using medicines safely

- People were supported by skilled staff to take their prescribed medicines.
- We looked at a random selection of medication administration records (MAR). The MAR showed people had received their medicines as directed by the prescriber.
- Medicines were stored safely and were only accessible to authorised persons.
- Staff had access to written information about how best to support people to take their prescribed

treatment.

#### Preventing and controlling infection

- The head of care and support told us that staff had access to infection, prevention and control workshops to promote their understanding about good hygiene practices and staff confirmed this.
- The provider had an infection, prevention and control (IPC) lead. The IPC lead carried out inspections and provided staff with infection control training. Where needed an action plan was put in place to improve standards.
- The provider had a domestic team who maintained the hygiene standards in conjunction with the care staff. We observed that the home was clean and tidy.
- Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons and we saw these in use. The appropriate use of PPE helps to reduce the risk of infections.

#### Learning lessons when things go wrong

- Discussions with the deputy manager identified that when things had gone wrong lessons were learned. For example, it was identified that one person was affected by noise and noisy environments. They told us that on the day the council collected the rubbish, the person was supported to do activities within the home and not to go out where their behaviour would be affected by the noise from the refuse vehicles.

# 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

Good:  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

- A relative told us that regular care assessments were carried out. They said although their relative was unable to contribute with their assessments, they were always present.
- The staff we spoke with told us that people were encouraged and supported to be involved in their assessment and the care records we looked at provided evidence of their involvement. Pictorial aids were used to assist people to express their views during their assessment.

Staff support: induction, training, skills and experience

- The head of care and support told us that all new staff were provided with an induction and the staff we spoke with confirmed this. Induction is a process of supporting new staff into their role.
- People were cared for by skilled staff. A staff member told us, "The training offered to us is good. You couldn't ask for better." They continued to say, "Training enabled me to know how to look after people and look after myself as well."
- A relative told us, "All the staff appear knowledgeable and skilled."
- The deputy manager told us that staff were provided with supervision sessions and the staff we spoke with confirmed this. A staff member told us, "The manager picks up on my strengths and weakness. I'm glad that we have them (supervision) to review our skills."

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

- People were supported by staff to eat and drink sufficient amounts to promote their health.
- People were encouraged to shop for food provisions and to prepare and cook their meals.
- Food tasting sessions were carried out to help staff to find out what people like to eat and drink.
- People had a choice of foods and pictorial menus were in place to assist people to identify their preferences.
- People had access to specialist aids to assist them to eat and drink independently.
- Staff were aware of suitable meals for each person with regards to their likes and dislikes and how to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to ensure people received the appropriate care and support.
- Care records showed that people were supported to have annual health checks and had access to healthcare specialist specific to their healthcare needs. For example, physiotherapists and speech and language therapists.

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

- The home was a normal domestic dwelling and in keeping with the local community.
- All bedrooms were single occupancy and were equip with en suite.
- Grab rails and a slip mat was provided in the en suite to reduce the risk of falls.
- People were encouraged by staff to decorate their bedroom to reflect their interests and character.

Supporting people to live healthier lives, access healthcare services and support

- Staff told us that people had access to relevant healthcare services when needed and for routine health checks and the care records we looked at provided evidence of this.
- A relative told us that (Person's name) had been admitted to hospital and staff at the home stayed with them to reassure them and to help the hospital staff to communicate with them. They said, "I was really grateful that they did this."
- Another relative said, "Staff manage (Person's name) well and know when to contact the GP for advice."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We observed that various methods were used to enable people to make a decision. For example, the use of picture exchange communication system (PECS). PECS is used for people with little or no communication abilities to communicate using pictures.
- We spoke with two staff members who had a good understanding of the importance of enabling people to make their own decision.
- 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.
- The deputy manager told us that two people had an authorised DoLS in place and they were awaiting the authorisation of a further three. DoLS were in place because people required constant supervision to ensure they received the appropriate care and treatment.
- We saw evidence of the undertaking of mental capacity assessment to ensure the application for DOLS was appropriate.

# 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

Good:  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

- We observed that staff were caring and attentive to people's needs.
- A relative told us, "(Person's name) receives very good care." They said, "I know (Person's name) is cared for well because they are always eager to go home after a day out with us."
- Staff demonstrated a good understanding of people's specific needs and things that may trigger certain behaviours and how to manage this.
- A staff member told us, "People are the centre of everything we do."

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

- Staff told us that people were always encouraged and supported to be involved in making decisions about their care and the relatives we spoke with confirmed this.
- Various communication aids were used to assist people in having a say about their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a good understanding of the importance of respecting people's right to privacy and dignity.
- A staff member told us they always ensured that personal care was carried out in a private area and that people were supported to dress in a manner that ensured their dignity.
- We observed a person pursuing an activity which resulted with their clothing being unclean. We observed staff assist them to change their clothes to maintain their dignity.
- People were supported by staff to maintain contact with people important to them.
- We spoke with four relatives who told us they were able to visit the home at any time and were always made to feel welcome.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff told us that people contributed in planning their care and four relatives we spoke with confirmed this.
- People had access to various social activities within and outside of the home.
- We saw that diaries were maintained of activities people had been involved in. People were able to point at photographs of past activities to tell staff what they would like to do.
- We looked at methods used to enable people to communicate their needs. Communication passports provided staff with information about suitable methods of communicating with the individual. For example, the use of a Makaton.
- Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.
- We observed staff using 'Now and Next' cards. This helped to explain to people what activity they would be doing now and what they would be doing next.
- We looked at how the provider promoted equality, diversity and human rights (EDHR). A staff member told us, "I feel that EDHR is promoted and that everyone including the staff are treated fairly."
- We looked at two care records that contained information about EDHR and told staff how to incorporate this in their care practices.
- Another staff member told us that everyone was provided with support to pursue their individual interests. This included going shopping, train spotting, cooking and yoga.
- We observed staff supporting people to engage in their chosen social activity.

Improving care quality in response to complaints or concerns

- Staff were aware if people were unhappy with regards to their body language and facial expression. Staff told us this would be explored further, and action would be taken to resolve any concerns.
- Pictorial aids were in place to support people to tell staff about their concerns.
- The provider had received one complaint in 2019, the complaint was investigated, and a written response was given to the complainant.

End of life care and support

- At the time of our inspection visit, no one was receiving end of life care.

# 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

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and deputy manager were aware of people's specific needs and worked alongside other agencies to ensure people received an effective service.
- People were supported by staff to maintain links with their local community.
- People were encouraged to be involved in all aspects of their care.

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

- After our inspection visit we spoke with the registered manager by telephone. They told us they had been in post since December 2018. However, they had worked at the home previously so knew the people who used the service and demonstrated a good understanding of their needs.
- A staff member told us, "The management support is brilliant. Any problems the registered manager or the deputy manager will sort it out straight away."
- Another staff member told us, "The management support is great."

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

- People were involved in the recruitment of staff. This gave them the opportunity to have a say who worked with them.
- People were involved in developing a newsletter which provided information about events within the organisation and their local community.
- Regular meetings were carried out with the staff team. A staff member told us, "We have a voice and we are listened to." They told us they had shared concerns about the support provided to a person and the registered manager acted on this.

Continuous learning and improving care

- The quality assurance coordinator told us they carried out routine quality monitoring visits to the home and we saw evidence of these visits. These visits were to ensure people received a safe and effective service.
- The head of care and support told us about 'scheme' meetings. These are meetings carried out with other registered managers within their organisation to learn from each other's experiences. These meetings helped registered managers to recognise where improvements may be needed and to ensure staff receive the necessary support to carry out their role.
- A session at the annual conference focused on greater awareness of developing the services, looking at

developing a good to outstanding guide further.

- The provider had systems in place to monitor the quality of the service provided to people.
- Audits were carried out to ensure the environment was safe and that hygiene standards were maintained.
- Routine medication competency assessments were carried out to observe staff's practices and to ensure people received their medicines as prescribed.
- The head of care and support told us that quality assurance questionnaires were given to people's relatives to obtain their views about the service provided. We saw that comments from these questionnaires were positive.
- The head of care and support told us the registered manager was using the Skills for Care guidance when looking at ways to achieve an outstanding rating. Skills for Care is an independent charity, which acts as the strategic body for workforce development in adult social care in England.
- All the staff we spoke with said they would be happy for their loved ones to live in the home if they needed care and support.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve positive outcomes for people who used the service. These included the local authority safeguarding team, GP's, consultants, community nurses and local leisure services.