

Mrs J Crawford

Crest House Care Home

Inspection report

St Matthews Road
St Leonards On Sea
East Sussex
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18 February 2016

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Crest House is a care home in St Leonards-on-Sea, registered to provide residential care for up to 25 older people. There were 19 people living at the home at the time of the inspection with one person staying for a period of respite care.

People required a range of help and support in relation to living with memory loss, dementia and personal care needs.

The home is two houses which have been converted into one building with large communal rooms. The home has a passenger lift and wide staircases with handrails to assist people to access all areas of the building.

This was an unannounced inspection which took place on 17 and 18 February 2016.

Crest House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risk assessments and care documentation had not been completed for all identified care needs. For example pressure area care and diabetes. When changes to people's health and care needs had occurred this information had not been clearly updated, we saw that accidents and incidents had not been documented consistently and wound maps did not contain dates to show when injuries had occurred.

Mental capacity assessments had not been completed and information in relation to decision making for people was unclear. Training and in house procedures had not been updated to ensure that all staff were aware of current protocols and guidance around MCA and DoLS.

We found that recruitment information needed to be improved to ensure a clear picture was available to evidence that new staff had appropriate checks and training completed before they commenced work. Induction information was not completed in all staff files seen.

Medicine systems and 'PRN' procedures needed to be improved. Checks when people moved into the service were not robust. This meant that people may be at risk of receiving medicines in an inappropriate manner.

Robust systems were not in place to ensure the continued assessment and monitoring of systems within the home. Notifications had not been completed by the registered manager or provider in a timely manner.

The registered manager was in day to day charge of the home, supported by a deputy manager and the registered provider. People and staff spoke highly of the registered manager and provider and told us that

they felt supported by them. Staff told us that the manager spent most days at the home and therefore had a good overview of the home and knew everyone living there well.

We received only positive feedback from people, staff and relatives. People felt that Crest House was homely and had a warm and open atmosphere.

Staff felt that training provided supported them to provide the best care for people. Staff were encouraged to attend further training, with a number having achieved National Vocational Qualifications (NVQ) or similar and staff were supported by a programme of regular supervision. Staff demonstrated a clear understanding on how to recognise and report abuse.

People were encouraged to remain as independent as possible and encouraged to participate in regular activities. People had their privacy and dignity respected and staff knew people and their preferences well.

Feedback was gained from people and meetings had taken place.

People gave positive feedback about the food and told us the food was 'Very good.'. People's nutritional needs were monitored and people had a choice of meals provided. Staff were aware of people's likes and dislikes and we saw that meal times were a positive interactive experience for people. People who required assistance had this provided by reassuring and patient staff.

We found a number of breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

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 consistently safe.

Individual risks to people were not always identified to ensure people remained safe at all times.

Individual and environmental fire risk assessments needed to be reviewed to ensure people's safety was maintained.

The services response to accidents, incidents and wounds was not consistent.

There were enough staff to meet people's needs. Call bells were answered promptly and staff had time to provide care to meet people's individual needs.

Staff displayed a good understanding around recognising and reporting safeguarding concerns.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

MCA had not been completed to show how decisions around people's capacity and ability to consent to care and treatment had been made. For people who lacked capacity to make decisions it was unclear who was legally entitled to make decisions on their behalf.

Appropriate training and protocols had not been maintained in relation to MCA and DoLS. Induction and training information was not fully completed in staff files.

Staff felt supported by the manager and provider and received regular supervision.

People enjoyed the meals provided. Meal choices were available and people were encouraged to maintain a balanced diet. People's weights were monitored.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff knew people well and displayed kindness and compassion when providing care.

People given support when needed and treated with patience and dignity.

Relatives felt welcome to visit and all times.

Is the service responsive?

The service was not consistently responsive.

Documentation needed to be improved to ensure information was person centred, up to date and included all relevant health care needs.

Activities were provided for people to allow them to spend time doing things they enjoyed.

People felt that the home kept them informed of changes. People's views and feedback had been sought.

A complaints procedure was in place and displayed in the main entrance area for people to access if needed.

Requires Improvement ●**Is the service well-led?**

Crest House was not consistently well led.

Crest House did not have a robust system in place to continually assess and monitor the quality of service provided. Audit information was not always documented.

Analysis of falls, accidents and incidents had not taken place to identify areas for improvement.

There was a registered manager in place who was supported by the registered provider.

Staff and people living at Crest House and relatives spoke highly about the manager and provider.

Requires Improvement ●

Crest House 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.'

This inspection which took place on 17 and 18 February 2016 and was unannounced and was undertaken by two inspectors.

The last inspection took place in May 2013 where no concerns were identified.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications and any other information that has been shared with us.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR to help us focus on specific areas of practice during the inspection.

Most people living at Crest House were able to tell us about their experiences of living at the home. For those who were not able to talk to us, we carried out observations in communal areas and looked at care documentation to see how they had their care provided. We looked at the care documentation for three people and daily records, risk assessments and associated daily records and charts for other people living at Crest House. All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, records, meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for three staff and records of staff training, and supervision for all staff.

We spoke with nine people using the service and four staff. This included the registered manager, care staff and other staff members involved in the day to day running of the service.

We spoke with four relatives visiting the home. We received only positive feedback from everyone we met and spoke to.

Is the service safe?

Our findings

People told us "I definitely feel quite safe here, I have no concerns, I do my own thing and have my bell to ring if I need anyone for anything." And, "It's nice here; I'm looked after and have everything I need." Relatives told us, "I visit every day at various times and I am very happy. I know when I leave Mum's safe; I don't have to worry at all." Despite receiving only positive feedback we found some areas needed to be improved to ensure people remained safe at all times.

People at Crest House had a range of care needs. Some people required assistance with all personal care needs and equipment to assist them with moving whilst others were independently mobile and required minimal help with a degree of prompting due to memory loss or dementia.

There were some individual risk assessments in place to support people to remain safe. For example, the use of bed rails, moving and handling, falls and nutrition. However people who were identified as at risk for in relation to pressure area damage did not have appropriate risk assessments in place to ensure they remained safe. This meant they were at risk of pressure damage if appropriate monitoring and repositioning did not take place. People did have pressure relieving equipment in place and these were monitored daily by staff.

Information regarding people's health did not include any follow up details to show when a GP or district nurse had been called. This included one person's daily record which said they had a bruise to their arm. No further information had been completed to show what action had been taken regarding this or whether steps had been taken to ascertain how the injury had occurred or if any further treatment had been required. This meant it was not easy to get a clear picture of the care people received, or to note if actions had been taken appropriately and in a timely manner.

Processes when an accident or incident had occurred were not consistent. We found that when people had wounds including minor injuries for example a small cut to the hand these had not been documented on a body map to ensure all staff were aware and care documentation had not been updated. Staff had completed an accident form, although this only included very minimal information. One person had a body map in place for injuries to their face, however this was not dated so it was not possible to determine when the injury had taken place or what action had been taken in response to this. Accident and incident forms did not include any details to show how an injury had occurred or what response had been put in place to help prevent re-occurrence. Corresponding daily records and body maps were not always completed; therefore it was difficult to get a clear picture of what had happened. This meant people may be at risk of further injury. The registered manager told us they were in the process of changing the forms to a new format which would include more information; however at the time of the inspection these were not being used.

Fire safety had been considered and personal emergency evacuation plans (PEEPS) were in place for people alongside plans of the building and evacuation information. However a fire risk assessment had not been carried out by an appropriately trained person in the last 12 months to identify any issues in relation to fire

safety, environmental risks and evacuation procedures. Some PEEPs information required updating to include when people required the use of moving and handling equipment and we found that people who were staying for a period of respite did not have PEEPS in place in the event of an emergency evacuation.

The above issues meant that people's safety and welfare had not been maintained. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems in place for the safe administration of medicines needed to be improved. When people had moved into the home we found that their Medicine Administration Records (MAR) charts had been hand written with the information that had been provided by the persons next of kin. It was not clear what steps had been taken to verify that information and dosages were correct and that medicines were still currently prescribed for the individual.

Information for 'as required' medicines known as PRN medicines were seen in the MAR folder. However, some of these needed to be updated or removed. We found that PRN medicines were being signed for when given by staff. However, no information was being completed on the rear of the MAR chart to identify the dosage, time of administration and why the medicine had been given. This ensures that any new health related concerns can be easily identified and follow up visits from GPs can be arranged in a timely manner if required. This meant that people may not receive their medicines in a clear and consistent manner regardless of who is administering them. Some areas of medicine procedures needed to be improved. We recommend that the provider consider current guidance on giving PRN medicines to people and take action to update their practice accordingly.

Regular checks had been completed to ensure the safety and maintenance of equipment and services to the building. For example, personal appliance testing (PAT) on all electrical equipment used within the home. Equipment maintenance checks had taken place with certificates available to confirm this. Staff told us all maintenance needs were addressed and there were emergency contact numbers available for serious issues. For example gas, electricity and lift maintenance contractors.

There was regular fire safety training for both day and night staff. Fire maintenance, alarm and emergency lighting checks had taken place regularly to ensure people's continued safety. The home had contingency plans in place in the event of an emergency evacuation being required. The emergency plan also included relevant contact details for staff and amenities.

Processes were in place for the safe ordering, storage and disposal of medicines. We observed medicines being administered and saw that this was done safely. People who self-administered medicine had risk assessments in place to support this. These were reviewed monthly or more frequently if there were any changes to people's health.

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the registered manager or provider at any time if they had concerns.

Dependency assessments were in place to identify people's level of need and staffing levels were assessed and reviewed in relation to these. Staff told us that most people only required minimal care and support. People whose needs were higher were assessed to require support by two care staff when repositioning, using equipment to aid mobility or personal care was needed. Staff told us that staffing levels were

appropriate to meet people's needs. On the odd occasion that a staff member called in sick other staff were happy to cover. The manager told us they liked to spend time 'on the shop floor'. Visitors to the home told us that they saw the registered manager most times they visited and they were often helping around the home. We saw an example of this during the inspection when the cook was taken ill. The registered manager stepped in to ensure that people received their meals and food appropriately. We observed staff although busy at times, were able to spend time with people, sit and chat and respond to people's care needs swiftly.

Staff told us they felt they had time to spend with people when required. We saw that people had call bell systems in their rooms and call bells were fitted in toilets and bathrooms. People we spoke to told us that when they used their call bell staff came quickly. One told us, "I don't use it often, but if I do, someone's here to see me quickly. They are very good." People in communal areas told us that there was always someone within ear shot, if they did not use the call bell they could just call out and someone would respond to them. We saw people who were independently mobile walking to communal areas to speak to staff when they chose. People also went to speak to the registered manager in her office if they had a query.

Staff turnover was very low with a number of staff having worked at the home for many years. We looked at the homes recruitment processes by looking at staff recruitment files. We saw that when references had been given on application forms these were not the references received. There was no information in files to explain why this was the case. The registered manager told us that the provider took responsibility for recruitment and staff files. Unfortunately the provider was unavailable during the inspection so the registered manager was unable to answer our queries. We looked at three staff files and found that references had been sought before staff began employment. However, these were not always the references included on the application form. One reference was just a hand written note, with no other information was seen to evidence whether one of the references in each file was a professional reference. This was an area that required to be improved to ensure that professional feedback was sought before new staff commenced work at the home.

Checks including disclosure and barring service (DBS) checks were in place. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment.

Staff had access to information and policies, including whistleblowing and safeguarding. However, a number of these needed to be updated to ensure they reflected current guidelines and best practice. The registered manager told us they were aware that policies needed to be reviewed to ensure staff had the appropriate information available to support safe practice. This was an area that needed to be improved.

Is the service effective?

Our findings

Everyone we spoke with told us that the manager and provider were always around and that the staff worked well together. People felt that staff knew them really well and were able to support them. And a relative told us, "They know Mum and they know me, they are very organised and there is always someone around."

The training schedule identified that the registered manager had not attended any recent training in relation to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found that people's care documentation did not include any information in relation to MCA assessments. This meant that it was unclear how decisions around people's capacity had been made, who had capacity to make decisions and who else may be legally entitled to make decisions on their behalf. We also found that supporting documentation including MCA and DoLS policies and procedure information had not been updated since 2014. We discussed this with the registered manager who confirmed that they were out of date with the appropriate training for MCA and DoLS and had not sourced current guidance and protocols in relation to this. Therefore, it was not clear how effective decisions had been made regarding people's capacity without the underpinning training and knowledge.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A training schedule was in place for staff training, this included information in relation to required and further training. A number of staff were in the process of completing or having completed National Vocational Qualifications (NVQ) levels 2, 3 and one person was in the process of completing NVQ level 5. Staff told us the training they received enabled them to understand people, for example safeguarding and moving and handling. Staff displayed a good working knowledge of memory loss and dementia and when people became anxious or upset support was provided appropriately.

There had not been many recent newly employed staff as staff turnover was very low. Any new staff that had been employed had a period of induction although this information was not fully updated in staff files to show that all required training had been completed during the induction. For example for a member of domestic staff induction records did not include confirmation that they had completed control of substances hazardous to health (CoSHH), health and safety, incident forms and first aid training. The registered manager was unable to locate any further information in relation to the induction for this staff member. This was an area that required to be improved to ensure all staff received appropriate training to carry out their role and responsibilities.

A structure was in place to ensure staff received regular supervision. Supervisions were documented and staff knew when they were due to take place. Staff told us they felt supported by the provider and manager and communication was very 'open'. Staff felt supported and involved in the day to day running of the home, telling us any changes were discussed and information shared at meetings and handovers. Staff told us feedback was listened to and suggestions taken seriously, this made them feel involved and encouraged

to continually improve the service.

People told us they felt involved in decisions about their care. Telling us, "Staff always ask before they do anything." We observed staff talking to people throughout the day, orientating them to time and place and reminding them what was happening that day. For example visitors to the home or planned activities and appointments. Staff described how they would ask for people's permission before giving support, and what they would do if someone declined the support offered. Relatives told us, "They always ask if Mum wants to go for a walk, if they are popping out they invite her as they know she likes to get out as she's physically very able, she just doesn't want to go out alone as she's a bit forgetful now so they take her out whenever they can."

People were supported to maintain a balanced and nutritious diet. People's weight and nutritional intake were monitored. Staff told us if someone was, 'off their food' this would be fed back to staff at the handover and monitored and if people appeared unwell then a GP would be called. There was a separate dining room for people to use if they chose. Tables were nicely set, with material napkins and tablecloths, placemats and condiments. People were offered gravy and accompaniments and this were served to them individually at the table. We saw that most people chose to have breakfast in their rooms, whereas the majority of people came to the dining room for lunch. We received very positive feedback from everyone regarding the meals at Crest House. Everyone told us they enjoyed the meals provided. Visitors told us they had eaten at the home and the food had been very good. The cook had information provided regarding peoples dietary requirements. This included soft diets, likes and dislikes. People were offered a selection of meal choices, with alternatives available if required. Staff told us they knew people's specific likes and dislikes and who liked to drink what with their meals. People spoke very highly about the standard of the food. And the meals looked very appetising and well presented. People who needed assistance with eating their meal had this provided in an unhurried supportive manner. Staff spoke kindly to people explaining what the meal was and offering help as needed. At lunchtime we saw that people were offered a choice of soft drinks and water. Hot and cold drinks were offered throughout the day and could be requested at any time. Water and refreshments were also seen in people's rooms. One person told us, "I've not left one meal yet; the food is really very good."

Is the service caring?

Our findings

People told us they were very happy living at Crest House. One told us, "I came here for a stay to see what it was like and I have never been back. It is a home from home but without having to look after myself." Another told us, "I've no complaints, I like everything here. The staff are very kind, they don't push you, you do what you can."

People appeared relaxed and content and knew staff well, greeting them warmly by name when staff came into the communal lounge or knocked on their door. People were clearly encouraged to spend time how and where they chose. There was lively conversation, and music playing in the lounge. The overall atmosphere was relaxed and homely. Staff popped into people's rooms regularly to ensure they had everything they needed and chatted to people sat in communal areas. Staff stopped and spoke to visitors when they arrived and were able to answer queries and update relatives on people's health and how they had spent the day. Relatives told us, "We're very impressed. It's not just the basic care; they go a little bit further." People living at Crest House told us that staff were kind and considerate. "Just the general reassurance that someone is here at night if your awake makes all the difference, they tell you, don't just lie here if you can't sleep, call us with the buzzer and we will make you a cuppa. They are so caring."

People received care which ensured their dignity was maintained and supported at all times. Staff had a good knowledge on how to provide care taking into consideration people's personal preferences. One person who remained in their room liked to have their door open when appropriate so they could hear what was going on in the home. To ensure their privacy was maintained a decorated screen was positioned alongside their bed and this could be moved when not required.

People independence was encouraged and supported whenever possible. When people had memory loss or dementia, relatives told us that staff treated people with patience. Relatives felt that staff understanding of how to support people was excellent. Offering reminders of what was happening that day, who was visiting and what activities were taking place.

The PIR completed by the provider stated that family and friends were welcomed into the home, and encouraged to participate and continue with their involvement in the person's life. Relatives and visitors confirmed this and told us they felt welcome to visit at any time. One told us, "I pop in at various times, it's never a problem, and I have never seen or heard anything that worried me, staff are always around if you need them." And another told us, "The manager is here whenever I am here. She is always popping in to see mum. Mum was very reluctant to move into a care home but she's very glad she did, she has no regrets and no worries."

Peoples care documentation was kept confidentially. All files were safely stored in a locked cupboard in the communal dining area. Information kept in people's rooms contained day to day information in relation to care and support. Staff were discrete when discussing peoples support in communal areas. For example, one person was taking their medicine whilst sat in the lounge. They asked the staff member what the tablet

was. The staff member explained it was the regular tablet they took and would explain it to them when they were in their room. The staff member later told us that the medicine was an anti-depressant and they did not want to let others in the lounge know this so they had responded with reassurance and would explain this to the person when they were alone.

Is the service responsive?

Our findings

People and relatives told us the registered manager and staff were responsive. People told us that they felt the staff responded to changes in their health and reported concerns to outside professionals. Relatives felt that they were well informed of any changes and kept updated. One told us, "Their general health has improved enormously since they moved here." And another said, "Mum wasn't feeling well yesterday they called me straight away. A while back mum was groggy when I left and they called me the next day because they thought I would worry to let me know she was ok."

Staff told us that people's care plans were not easy to follow and information and changes to people's care were usually handed over verbally to other care staff. We found that current care files were difficult to navigate and included a lot of out of date information which needed to be archived. Current care documentation was not person centred and when changes had occurred it was difficult to see when this had taken place and which part of the care plan was still relevant. Reporting and documentation around wounds or injuries was inconsistent and reviews had not always been completed in the designated timescales. However, improvements to care documentation had been identified as an area of improvement by the registered and deputy manager. A new care plan format was in the process of being introduced. We saw that one person's care file had been updated to incorporate the new style. This format appeared to be more person centred and included information about the person's background and general health. However, there were still areas which had not been included in the new care format. This included specific care plans and risk assessments for health related issues including diabetes and pressure area care. This was an area that needed to be improved to ensure peoples safety and health care needs were assessed, planned and reviewed appropriately and people remained safe and received the appropriate care at all times.

As part of the new format information including daily checks had been put into a separate file and was now stored in the persons room. This gave staff instant access to this documentation and staff told us this made it easier to complete and keep an account of care provided in the person's room.

It was evident that staff knew people's preferences and care needs well, however this was not supported by up to date relevant information in people's care plans. People's daily records were kept in a folder and written by care staff at the end of each shift, these included some information regarding people's activities, health and care needs. A day diary and night book were used by staff to document care tasks completed. Staff told us that they had a verbal handover at the beginning of each shift. We observed the handover from morning to afternoon staff and saw this included information around people's health, nutrition, mood, visitors including community nurses and any other relevant information. For example, one person had reported feeling unwell, staff had responded to this immediately and an ambulance had been called and the person had been taken to hospital. We saw that staff contacted the hospital for an update on this person's health throughout the day and their concern for their welfare was evident.

There was no designated activity person employed by the home. Planned activities took place regularly with in house games, entertainers and visitors to the home. There was a visiting hairdresser and chiroprapist and

communion was held in the lounge regularly. We saw that this was well attended and we received positive feedback from people. We asked people about the activities at Crest House, and were told, "On a Monday it's cards and bingo, a lady does exercises to music Tuesday every other week. And I think there's another activity on a Friday." Relatives told us, "They have people that come in and do the exercises with them and they have the choice to sit in the lounge or their rooms." And, "If Mum needed her feet or her hair done they would pay for it and I'd give them the money after so mum doesn't miss out. It's nice she can continue to do the things she did outside like the hairdresser and chiropody. It's lovely." One person did say that they were bored at times and would like more opportunity to go out on organised trips, but appreciated that the weather had not really been suitable through the winter. One relative told us they would like to see more outside activity, walks or organised trips. The registered manager told us there were plans for outside events in the summer including trips to a local communal park and possibly a summer fair. They also said they (the registered manager) were to complete yoga and mindfulness course, followed by a further course on wheelchair based exercise which they hoped to incorporate into an activity at the home for people to attend if they wished.

People had the opportunity to share their views and give feedback during resident meetings. For people who were unable to attend staff told us they spoke to people to gain their feedback and to share information. The registered manager told us that meetings had previously been incorporated during activities and people were asked for general feedback although this was not always documented. Surveys had been sent out to gain further feedback. These were generally sent when there were going to be any events or changes to inform people and gain feedback. The registered manager was planning to implement a newsletter to inform people what was going on at Crest House and a suggestions box was available for people to use if they wished to share any information. Throughout the inspection we saw that people, relatives and visitors came to the manager's office to say hello and to have a chat.

A complaints policy and procedure was in place and copies available for people and visitors. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the inspection. The manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. All minor concerns raised had been documented in a 'grumbles book' with any actions taken to resolve them. Everyone we spoke with told us the manager had an 'open door' policy and people confirmed they would be happy to raise any concerns with the manager if they needed to.

Is the service well-led?

Our findings

People had the highest respect for the provider and manager. We were told, "Every time I visit the manager is normally here, she pops in to the room for a chat." Staff told us that the manager and provider were hands on, and provided help on a day to day basis, assisting at meal times, chatting to people and spending time in communal areas.

Everyone we spoke to at the home shared the same ethos which was to provide high quality care to people. It was important to the manager and staff that this was done whilst maintaining a relaxed homely atmosphere for people living at Crest House.

People at Crest House required care and support but mostly people had an element of independence. For people whose care needs were higher, staff felt supported to provide appropriate care. The registered manager was aware that there may be times when it was appropriate to support people to move to nursing care if they were no longer able to safely meet their needs.

The registered manager and provider were available at the home most days this meant that they knew people well and were aware of any issues that arose throughout the day. However, there were limited systems in place to formally assess and monitor the standard of care provision. Regular auditing can identify areas of improvement. We found that some auditing had taken place for example the registered manager carried out a daily walk around, health and safety checks, and medicines were reviewed, although not all of these areas were documented.

There was no analysis in relation to accidents, incidents or falls. Analysis can help identify any trends or themes which may develop. Identifying areas which can be improved can help prevent incidents from re-occurring and improve the overall health and safety of people using the service.

The registered manager did not have oversight of all processes involved in the day to day running of the home. For example recruitment and staff files. We were told that the registered provider had responsibility for this area and the registered manager was unable to answer all our queries in relation to this as the provider was not available at the time of the inspection. This was an area that needed to be improved to ensure the registered manager had full oversight of the home to ensure that all registration requirements can be evidenced during inspection.

Policies and procedures were disorganised with a lot of very old and out of date information still in files. This meant that finding up to date information was difficult. We discussed with the registered manager that old information could be archived to ensure that policy folders and documentation was easily assessable for staff and information up to date to support staff in their roles and responsibilities at the home. The registered manager confirmed that a number of the policies currently available were out of date and that they would be reviewing these in the near future to ensure that information was available for staff to underpin safe practice.

Systems were not in place to assess, monitor and improve the quality and safety within the home. The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that CQC had not been informed of all notifiable events in a timely manner. CQC had not been informed of the death of a person living at the service. It is a regulatory requirement that CQC are notified immediately of events that occur within the home, this includes expected and unexpected deaths and a number of required notifications in relation to people's care and welfare as well as things to do with the day to day running of the home. This is a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager told us about a number of improvements that were due to be commenced. This included a keyworker system to ensure that people living at the home had a 'buddy' to assist them and make sure they had everything they needed. The plan was to match people with staff that they had a rapport with or who had similar interests.

Further meetings and feedback would be sought from people to evaluate any changes and help to take the service forward over the coming year.

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 did not take formal enforcement action at this stage. 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 16 Registration Regulations 2009 Notification of death of a person who uses services</p> <p>The provider had failed to notify CQC in a timely manner when a death of a service user had occurred.</p> <p>Care Quality Commission (Registration) Regulations 2009.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>It was not clear how effective decisions had been made regarding people's capacity without the underpinning training and knowledge.</p> <p>Regulation 11(1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for people. Regulation 12 (1) (2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Robust systems were not in place to continually</p>

assess, monitor and improve services provided.

Regulation 17 (1)(2)(a)(b)(c)(f)