

The Crescent Care Home Ltd

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Inspection report

7 South Crescent
Hartlepool
Cleveland
TS24 0QG

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09 February 2016
26 February 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 9 and 26 February 2016. This inspection was announced.

The Crescent Care Home is a large grade II listed building situated in Hartlepool. The accommodation is provided over three floors for up to nine people living with a learning disability and autism. At the time of the visit seven people were using the service.

There was a registered manager at the service at the time of the inspection. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service on 12 and 18 November 2014 and breaches of legal requirements were found. We told the provider there were no robust systems in place to identify risks and how they would be managed and reviewed. The provider did not have an effective system for monitoring the service. Staff had not received all the training they needed or professional development, supervision and appraisal.

We asked the provider to take action to make improvements. The provider submitted an action plan detailing how they would achieve improvements. The service was expected to be compliant by 31 October 2015.

During the inspection on 9 and 26 February 2016 we found improvements had been made.

We found that the service had reviewed their care planning process and had made improvements to care planning and risk assessments. The service gained confirmation from Employment Link, (the service that supports people into work) that risk assessments were carried out as part of the process undertaken when they support people in to work in the community. The registered manager told us and records confirmed they had contacted the local authority for evidence of risk assessments for those who are accessing day services.

We saw that the provider had sought the views of people who used the service as well as relatives and other stake holders. Views were analysed and findings were used in the plan to develop the service. The registered manager had completed an infection control audit, medication audit and a full review of care plans. However, the quality assurance process still required development to ensure the provider could demonstrate an auditing process in all areas of service delivery.

Staff had received training, regular supervision and appraisal. One staff member told us, "Supervisions are more in-depth now."

The people who lived at The Crescent Care Home were able to give us their views on the service. One person told us, "They look after me, and help me to meet my brother." Another said, "I am really settled here, I have lots of things to do."

We spoke to relatives to get their views on the service. Relatives gave positive comments about the service and said people enjoyed being at the home. One relative told us, "There is a professional side and a caring side, they always let [family member] be his own person."

Staff had an understanding of safeguarding and whistleblowing and were confident that any concerns they had would be listened to by the registered manager. One staff member told us, "I would report it to [registered manager] and if needed I would go to the safeguarding team." Staff gave examples of abuse such as physical, financial and emotional, and how behaviours may change if someone had been or was subject to abuse.

Staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were aware of who had a DoLS in place and why. The registered manager had a good insight into the principles of the MCA and explained the processes used by the service in meeting their responsibilities. We found support plans were linked to DoLS.

Recruitment practices were robust and safe. This meant that only people who were suitable to the role were employed. Staff received an induction in the home on commencement of employment. Staff had completed a range of in house training, such as safeguarding, first aid, and behaviours that challenge. Staff had received regular supervision and appraisals to discuss personal development.

Relatives told us that their family members had the correct level of well trained staff supporting them in the home and in the community. People had access to other health care professionals to ensure their health and wellbeing was monitored. We reviewed the most recent and historical rotas. There were sufficient support workers employed to meet the needs of the people who used the service.

People's choices were acknowledged. People told us they had a range of different activities which they were involved in planning. We saw that the service acknowledged peoples' nutritional needs and had developed a varied menu. One person told us, "The food is okay, I am given a choice."

Relatives felt involved in decisions about their family members care and support and were kept up to date with any changes. Relatives only had positive comments about the service. One relative told us, "I don't know where I would be without the care and support, they have helped me so much with [family member]. I trust them."

We saw genuine relationships between staff and people. Staff were encouraging and supportive promoting peoples' independence. There was lots of laughter in the home, people appeared to be comfortable with each other and staff.

The service had systems in place for recording safeguarding, accidents, incidents and complaints. People knew how to make a complaint. One relative told us, "I know how to complain but I have never needed to." Another person said, "If I had a problem about anything I would speak to [registered manager] and they would sort it for me."

Relatives told us they felt the service was well managed, and that the registered manager was open, supportive and approachable. They felt that any concerns and complaints would be acted on.

Policies and procedures were in place to ensure medicines were managed in a safe way. Records were up to date with no omissions. Staff who administer medicines had been trained in the safe handling of medicines.

The home was clean and comfortably furnished with a homely feel. There were communal areas for people to meet. People's rooms were pleasantly decorated with ornaments and personal items on display.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and relatives we spoke to told us they felt the service was safe.

Processes were in place to ensure people's medicines were managed safely.

The provider had an effective recruitment process in place.

Is the service effective?

Good ●

The service was effective.

The service ensured that people had access to other health care professionals.

People were supported to have a healthy and varied diet.

Staff received regular supervision and appraisal.

Is the service caring?

Good ●

The service was caring.

We saw staff were caring and compassionate in their approach.

Relatives felt involved in their family member's care.

Staff understood people's needs, wishes and preferences.

Is the service responsive?

Good ●

The service was responsive.

Relatives felt involved in planning and reviewing the care for their family member.

Staff were knowledgeable about people's needs.

Relatives said they knew how to raise concerns and were

confident these would be dealt with.

Is the service well-led?

The service was not always well-led.

The quality assurance process did not cover all areas of the service.

Relatives and staff said that management in the home was supportive, open and honest.

Relatives felt the home was well managed.□

Requires Improvement ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 26 February 2016. The inspection was announced which meant the provider knew we would be visiting. The provider was given 48 hours' notice because the location was a small care home for people who are often out during the day, and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

During the inspection we met seven people who lived at the service and spoke with two relatives. We spoke with three members of staff as well as the registered manager and deputy manager, senior care staff and care staff. We contacted the local authority safeguarding team and the local authority commissioning team for their feedback.

We looked at a range of records about people's care and how the home was managed. These included care records for three people, recruitment records for two staff and quality monitoring records.

We looked around the building and spent time with people in communal areas.

Is the service safe?

Our findings

Relatives and people we spoke with told us they felt the service was safe. One relative said, "[Family member] never complains about coming back that tells me he is alright. I feel [family member] is very safe." One person told us, "No worries, I like living here."

The service had a range of accessible policies and procedures to keep people safe, such as accident, safeguarding and whistleblowing procedures. These were reviewed on a regular basis to ensure they are up to date and in line with current legislation.

Staff had a clear understanding of safeguarding and whistleblowing and were able to describe the procedures for reporting concerns to management and told us that they felt confident in doing so. One member of staff told us, "I would have no problems reporting concerns or abuse, the manager would respond."

Staff had completed in-house safeguarding training. The registered manager told us they had secured face to face training for safeguarding with the local authority. We saw confirmation of booked courses. Staff knew how to keep people safe and gave examples of checking identification of visitors and following support plans and risk assessments. Staff were able to describe signs of potential abuse and told us what they would do if they suspected or witnessed any abuse. One care worker told us, "I know to report anything I was concerned about to [registered manager]. We have to keep people safe."

We looked at the records of support staff. These showed checks had been made with the disclosure and barring service (DBS). These checks were carried out before they were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained and completed application forms and proof of identification was on file.

We viewed current and historical rotas. There was enough staff employed to meet the needs of the service. The people in the home were independent with personal care needs, and were able to manage small daily living tasks with support. No one required assistance with mobility. There was one member of staff and the deputy manager and registered manager on duty during the day, with one staff member at night. Staff told us that the registered manager was available out of work hours if there was an emergency or if staff needed additional support at any time.

The service had plans in place in the event of an emergency. The registered manager had put together a file for staff to access which contained important telephone numbers, such as GP's, pharmacies, relatives and contact details of utility services. Each person had a personal emergency evacuation plan in place. This meant that staff were able to support people in the event of an emergency.

The service had current certificates in place in relation to health and safety. For example, gas safety certificate and electrical installation certificates.

People were involved in fire drills which included evacuations. One person told us, "I know what to do if the alarm goes off, we never know when it going to be set off. There are signs to follow, that shine in the dark."

Risk assessments were in place to cover work practices within the service, along with building maintenance records. The staff carried out routine health and safety checks, including hot water temperature checks and fire safety checks. This meant that risks were identified and actions taken to minimise those risks having an impact on people who used or visited the service.

Medicines were stored securely in a locked cupboard in the kitchen. Records confirmed that temperatures were checked and recorded daily. The medicine file contained the most current Medicine Administration Record (MAR). Records gave clear instructions on what medicine people were prescribed, the dosage and timings. The MARs were completed correctly with no gaps or inaccuracies.

Staff had received training in the safe administration of medicines. One staff member told us, "I have been observed by [registered manager] to make sure I am giving the medicines properly." The registered manager and staff told us the process for checking medicines administration competency. This was carried out on a monthly basis as part of staff's overall monthly observation review. At the time of the inspection the document for recording competency checks was being developed further to capture all aspects of administration to give a clearer picture of the observation. The registered manager had overall responsibility for the management of medicines from ordering to returning medicines. The registered manager told us, "We have a good working relationship with the pharmacy, any queries regarding dispensing of medicines are addressed quickly."

Is the service effective?

Our findings

Relatives and people told us that the care was good. One person told us, "I am really settled here, they know me inside and out." One relative told us, "They are well trained to look after [family member]."

Relatives told us they were kept informed of any changes in their family member's health and wellbeing. Comments included, "[Registered manager] rings me up so I am included." They contact me if [family member] is not well." "They go over and above, it's more than a job to them."

Staff told us that training had improved. Staff had completed a range of training. For example, Mental Capacity Act, first aid and had completed National Vocational Qualifications at Level 2 or 3 in Health and Social Care. We saw confirmation of additional training that had been booked for staff. For example, autism and mental health problems. This meant that staff received training that was directly linked to the needs of people who used the service to ensure that they could effectively meet their care and support needs.

Staff received regular supervision and appraisals. This meant that staff were supported in their roles and development. One staff member told us, "I have just had my supervision and discussed my training needs. My appraisal was before Christmas with [registered manager]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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).

The registered manager kept a record of the DoLS applications the service had made and a record of who had a DoLS authorisation in place. We saw evidence when applications had been received and authorised. Care plans reflected the requirements of the authorisation and how staff were supporting people. This meant that the home were acting in accordance with the authorisation and that the conditions attached to the authorisation were being met.

We saw that people were encouraged to maintain a varied and healthy diet. People were supported in meal preparation. During the inspection we observed people making lunch, preparing and tidying away afterwards. People knew about food hygiene, hands were washed, protective aprons were worn and special coloured chopping boards were used.

From our discussions we found the menu had been developed with the inclusion of people who use the service. One staff member told us, "We do menu planning, but if someone wants something different on the

day that is alright. There are always alternatives." One person told us, "If I don't like it, they will give me something else."

Records showed the service worked closely with other health care professionals and ensured access to health care was available for people who used the service. Whenever possible people accessed the community for health care and were supported by staff to do so. People's weight was monitored on a regular basis in line with support plans. This meant that where a need to access external support was identified action was taken to ensure that people were supported to access this support.

People's care records contained a hospital passport. These records gave information about people's support needs if they needed to attend or be admitted to hospital. The registered manager told us that people attended a well-being clinic, where general health checks were carried out, such as blood pressure and body mass index. One relative told us, "They have helped [family member] with his weight."

The home was warm and bright, and the communal areas were furnished in a homely manner. People told us that they chose their own bedding and decoration. One person told us, "I chose the bedding and the rug, they have my favourite things on them." People took pride in their bedrooms and were happy to show us their rooms. They were clean and individualised, with personal effects on display.

Is the service caring?

Our findings

Relatives and people told us the service was caring. One relative told us, "I like the fact that they are professional, but caring at the same time." Another told us, "This is a home from home. The staff are so friendly, I was introduced to new staff." Comments from people included, "It's lovely here." Staff are friendly, they are my friends."

We observed staff interaction throughout the inspection. We observed the lunch time experience for people who lived at the service. Staff joined people for lunch, the mood was cheerful and there was a lot of chatter giving a homely feeling to the service. Staff were caring and compassionate in their behaviour with people, showing kindness and promoting dignity. We saw staff talking to people and they were respectful and polite. It was clear from the observation of people's responses, body language and facial expressions that they were comfortable in the presence of the staff. Some people were going out to a football match and staff made sure that people's attire was suitable for the cold weather.

One relative told us, "Staff know how to look after [family member], they are friendly and [family member] gets on with staff." Another told us, "They have not only cared for [family member], but they cared about me too. I visit at any time, it feels like a family."

Staff had a clear understanding how to support people with their health and wellbeing. They were able to explain how people were supported to do everyday tasks and that independence was encouraged and promoted in the home. Staff told us how they could pre-empt behaviours and support people to engage in an alternative activity. For example, changing the topic of discussion or moving away to another part of the home.

Relatives told us that staff understand people's needs, wishes, preferences and what is important to them. One relative told us, "[Family member] goes to the football, that is very important to him. He holds a season ticket so staff take him. They care that he gets to watch his favourite team."

One person told us, "I have a buddi, (a personal emergency response wrist band) staff make sure I have it all the time, it keeps me safe."

Relatives felt that staff knew their family member well. We saw compliments the service had received about the care and support they provide. For example, 'I am a very fortunate person that I have found extra special caring people who have given their time to care for others.' 'You have brought my brother out of himself, made him a happier, more independent young man.'

Staff discussed people's support needs and had an understanding of person centred care. They were able to tell us about the people who used the service, and knew their life histories. One staff member told us, "We have regular meetings to discuss people's support, we do all work closely."

Relatives told us they were kept up to date, and were included in their family members care. They told us they had frequent contact with the home. Comments included, "They ring me up to include me." "They tell

me when [family member] is going to the GP." "I have attended reviews with staff to discuss plans."
The service had a file in place with useful information about advocacy services this was easily available to people and relatives.

Is the service responsive?

Our findings

Relatives and people felt the service was responsive. One relative told us, "They ring me up if [family member] is off colour." Another told us, "[family member] attends his own doctors, the staff organise the appointment." One person could explain the process of having a review about his support. They told us, "I have a meeting with Dad and staff to see if I am settled. I am always happy."

People spoke at length with us during the inspection. The views they gave were all positive. One person told us, "There is plenty going on if you want it, I like my own company, but I do join in sometimes. I am really settled here." Another person said, "I go out Monday to Thursday, I am busy, I do like living here."

We looked at a total of three people's care records. Care plans were specific to people and reflected their needs. Care plans and risk assessments were reviewed regularly and updated when necessary. Files contained detailed hospital passports. This is a document which gives hospital doctors and nurses information about a person's health and well-being if they were admitted to or attended hospital.

We saw people's interests and hobbies were acknowledged by the service, with visits the local football games being organised on a regular basis. One person told us, "I love the cup matches." One person enjoyed jigsaw puzzles. The service had purchased a special board to enable them to work on jigsaws. During the inspection, people went out to the local shops. They returned for lunch before going out again for a walk to a nearby nature park. One person told us, "We go out with [deputy manager] a lot, I enjoy going out with the dogs."

People have access to a computer and a games console. One person told us, "I like to play on the (Nintendo) Wii machine with my friend."

We saw that some people were employed in the local community. One person told us, "I work with cars, they are my hobby." They told us the service had arranged a visit to a national centre to see a display of special cars.

One person had taken part in several sporting events and had a lot of memorabilia. The registered manager was working with them to dedicate a wall in the home to show their achievements. People told us about their holidays, and that they had all been involved in planning a holiday to Spain this year.

Relatives and people were involved in care plans. One relative told us, "I visit a lot at different times, [registered manager] always makes sure they tell me of any concerns about [family member]." Another told us, "I can call on speck, everything runs smoothly."

The registered manager told us care files had been reviewed as part of the development plan. The service used a company who supplies template documents for care planning and risk assessment to support the improvements. These were seen in the updated care plans.

The service had a complaint's policy and procedure that was accessible to relatives, people and staff. One relative told us, "I have never needed to raise concerns but I would do. [Family member] would say if he did not like something or if he was not happy." One person told us, "I would talk to [registered manager] if I had to." There had been no formal complaints made to the service.

Is the service well-led?

Our findings

Since the last comprehensive inspection, the registered manager had completed an infection control audit and a medication audit. A full review of care plans had been undertaken, changes in care plans were evidenced during the inspection. However, the quality assurance process still required further development so the provider could evidence consistency that all areas of service delivery were being captured in the audit process. For example, training audits, risk assessment audits and care plan audits.

Relatives felt the home was well-led and management in the home was good. One relative told us, "If I have any concerns I would go to [registered manager]. They are excellent, not only to [family member] but also to me." Comments related to the service being very family orientated. For example, "It feels like a home from home."

Staff told us they were happy in their work and felt supported by the management in the home. One staff member told us, "I can approach them if I have any issues, they listen. I enjoy my job and I am supported by the manager." Another told us, "They are approachable and would respond, I am becoming more involved in my new role. I don't class it as a job."

The CQC registration was on display. We saw policies and procedures relating to the running of the home. These were reviewed and maintained to ensure staff and people had access to up to date information and guidance. The service had a development plan detailing improvement to several areas. For example, governance and training. The registered manager regularly reviewed and updated the plan. Improvements to the service had been made regarding supervision and appraisal and care planning.

The service had a system in place to capture the views of people who use the service, relatives, staff or other stakeholders. The recent survey responses contained mainly positive comments. One read, "You have given support, advice and understanding and always in a professional way, I could not have given [family member] the life he has had with you." The registered manager told us that negative comments had been followed up by a courtesy telephone call. One such call had been made, details were kept on file.

The registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements.