

Crescent Home Limited

Crescent House

Inspection report

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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

Crescent House is a residential care home for up to 33 older people and people living with dementia. At the time of inspection there were 33 people living at the home.

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

There was a registered manager who had been the manager of the service since it registered with CQC in December 2010.

Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.

People's risks were assessed at regular intervals or as their needs changed. Electronic care plans were readily available to staff who used these to provide care to meet people's current care needs.

People were involved in planning their care; their care plans clearly showed how people preferred to receive their care. Staff supported people to maintain their dignity and their independence was promoted.

People received care from a consistent group of staff who knew people well. Staff were recruited using safe recruitment practices.

People were protected from the risks of infection by staff who followed the provider's policies. The management team carried out spot checks on staff and there were extra washing facilities in areas where people petted the animals.

People received their medicines as prescribed. Staff received training in the safe management of medicines and their competencies had been checked.

Staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles. Staff received regular updates to their training and supervision to support them in their roles.

People received meals that met their dietary needs and helped maintain their health and well-being.

Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness.

People lived in a well maintained, nicely decorated home. People could access communal areas easily. Additional social areas had been developed including a covered patio area where people accessed ponies and an activities room that had facilities designed for people living with dementia.

People were involved in creating activities where they wanted to. People who received all their care in their bedrooms received one to one time with activities staff. The provider ensured people with a disability or sensory loss had access and understood information they were given.

People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and the management team promoted person centred care in all aspects of the service.

The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to identify 'near misses' to understand how things went wrong and involved them in finding solutions.

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

Rating at last inspection

The last rating for this service was Good (published 22 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 ●

Crescent House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people who use regulated services.

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 14 people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the provider's representative, the registered manager, the compliance manager, one activities staff, a cleaner and two senior care staff. We spoke with a visiting health professional.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person said, "I feel very safe here." A relative told us, "There's good security here."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. One relative told us, "[Name] had a fall, their knee gave way. They [staff] did a risk assessment before and after the fall."
- Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff ensured people had their call bells within reach before leaving their rooms. One person told us, "I have a bell in my room. I've used it once or twice. [Staff] always respond quickly."
- The provider carried out regular assessments of the environment including fire procedures and water safety. Where issues had been identified, actions had been taken to rectify and ensure people were safe.
- The provider ensured all areas of the home that posed a risk to people were not accessible. This included cleaning trollies which were lockable to keep cleaning products and materials out of reach of people in the home.

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times. One relative told us they visited the home at different times of the day, they said, "I always see staff. I can find them quite easily."
- People received care from a consistent group of staff who knew people well.
- The provider employed staff with specialist knowledge to help drive improvement, for example a compliance manager, a computer expert and activities staff.
- Staff were recruited using safe recruitment practices whereby references and their suitability to work with the people who used the service were checked.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.

- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. A member of cleaning staff demonstrated they understood their role in preventing the spread of infection.
- The management team carried out spot checks on staff to check they were following procedures and using PPE.
- People could wash their hands after petting the ponies on the patio by using the outdoor wash areas.

Using medicines safely

- People received their medicines as prescribed. One person told us, "I take lots of tablets. I'd say they are on time."
- Staff received training in the safe management of medicines and their competencies had been checked.
- The provider had set up systems to ensure people's medicines were stored safely and remained safe when staff were transporting them around the home.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to identify 'near misses' to understand how things went wrong and involved them in finding solutions.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences. One person told us, "When I first came they assessed me and asked me about what I liked and my preferences."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as peoples religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example falls risk tool.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for. One person told us, "The staff are very skilled, I've no complaints at all."
- Staff received additional training to use emergency equipment such as a cardiac defibrillator.
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive.

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

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk. Staff followed health professionals' advice in providing meals that met people's dietary needs.
- Staff had training in food hygiene and provided balanced meals that helped maintain people's health and well-being.
- People received meals that met their needs and choices. One person said, "I'm a vegetarian, they [staff] ask me in the dining room what I want when I'm sitting down. I get three choices."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. One person told us "When I need the doctor they come straight away. I've had some new glasses since I've been here, they came and tested me. The chiroprapist comes regularly. A Macmillan nurse comes every six months". A relative said, "They [staff] always keep me informed about [relative's] care when we come in."

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

- The provider had ensured people lived in a well maintained, nicely decorated home. People could access the communal areas, garden, patio and their bedrooms easily; all areas had been adapted for use in a wheelchair.
- People enjoyed the outdoor covered area which included an outdoor kitchen. We saw photos of people enjoying the area over the summer for social gatherings.
- People using the outdoor area could pet and feed the two ponies which were in a paddock directly linked to the patio; their summer stable was based on the patio. People told us they enjoyed the interaction with the ponies.
- The provider had built an activities room and an indoor social area; this was being developed into a 1950's café. People had been involved in choosing the decoration of the walls of the activities room; a timeline in pictures and a wall dedicated to 'old Northampton'. People told us this had started conversations about how the town used to be.

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 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.

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.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals to make best interest decisions about people's future care.
- The compliance manager showed they had applied for DoLS authorisations, but these had not yet been authorised by the local authority.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People received care from staff who knew them well. They had formed good relationships which people told us they valued. One person said, "They [staff] are very caring, they always check I'm ok", another said "Staff are very respectful, they are friends."
- People told us staff were kind and friendly. One person told us, "They [staff] are a good lot of people here." A relative said, "Everyone is very friendly."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships within their circle of support. The activities staff showed us how they helped people to practice their religion. They also told us, "[Name] has communion once a month, they like me to read to them, we read the bible together, they like that."

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

- People were involved in planning their care; their care plans clearly showed how people preferred to receive their care. One person told us, "We have had discussions with my family and [deputy manager]." A relative told us they were, "Very happy with staff, there is good communication."
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person was cared for in bed, they had their bedroom door open, but a staff had placed a privacy screen to shield them from being seen by people passing their room.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One relative said, "They [staff] encourage [relative] to do things themselves, [Name] is very independent."
- People's information was stored securely within computer and hand-held devices. All staff had received training in keeping people's data safe, staff demonstrated they were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and where appropriate, their relatives had been involved in creating and updating their care plans. One person said, "They did a care update with me recently."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. One relative explained how this had helped, they said, "I thought [Name] would go in to a shell but quite the opposite, [Name] is very interactive. Big improvement since coming here, mobility has improved as well."
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives. One person told us the times they liked to get up and go to bed, they said, "I could stay in bed if I wanted. It suits me it's very respectful". One person had lived on a farm, staff had arranged for them to spend time with a lamb. The activities staff told us, "It was amazing they really responded well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had created environments to promote people's independence and help them to pursue new and old hobbies and interests.
- Activities staff had been pro-active in finding out about people's lives, their interests and what was important to them. Many people and their relatives spoke of the positive impact this had on their lives. One relative summed this up, they said, "No-one suffers from isolation now [activities staff] is here. They [staff] are now organising trips outside the home."
- People living with dementia spent one to one time with activities staff who tailored activities to meet their needs. For example, one person liked hand massages and stories read to them. Another liked to listen to radio plays, staff had downloaded the plays, so they could listen to them at any time.
- People were involved in creating activities where they wanted to, for example one person created the quizzes. Another person had expressed a desire for a typewriter, this had been provided; the person wrote poems using the typewriter, contributing to the monthly newsletter.
- Activities staff had collated photographic evidence of many social gatherings. They told us, "I love my job it is so rewarding."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.
- Staff ensured people wore their hearing aids and glasses, so they could communicate the best they could. One relative told us, "Staff give [Name] larger print for television magazines and the newsletter."
- The provider was developing ways of people accessing their care plans, personal photographs and information about the service such as policies; they were carrying out a trial using computer tablets which people also used to call for assistance.
- People had access to technology which promoted movement and interaction, such as an interactive projector with games designed for people living with dementia.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. One person said, "I've never raised any concerns. I would tell [the deputy manager]. Any minor things they sort straight away."
- There had not been any written complaints recorded in the last year.
- The provider's complaints procedure set out the timescales for response to any complaints and who to refer to if people were unhappy with the response to their complaint.

End of life care and support

- Staff liaised with health professionals to ensure people were assessed for their symptoms and kept comfortable.
- People's wishes were followed, and families were supported.
- The provider was developing ways of recording what was important to people including information about how they wanted to be supported towards the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the management team promoted person centred care in all aspects of the service. They looked at situations from the point of view of the person receiving care and found ways to improve ways to communicate and improve safety. This included additional applications on staff hand held devices to carry out risk assessments in the event of a fall and direct access to reporting safeguarding incidents.
- Relatives had noticed an improvement since the employment of the compliance manager. Most people told us they dealt directly with the deputy manager, one person told us, "[Deputy manager] is great, I have every confidence in them." One relative said, "The atmosphere is lovely. All the management are approachable." Another person told us, "It's all very caring and a happy place. The managers are very visible and approachable."
- The whole staff team was supported by the management team. One member of staff told us, "I am proud to work here, seeing changes for the better. All staff are involved in creating [the computer programme]. We take our suggestions to [compliance manager] and they put them in place to make things safer."
- Staff told us they were happy working at the service and felt supported by the management team. One member of staff said, "I get lots of support from the managers."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current information and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

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

- People were asked for their feedback at group meetings. Issues and suggestions were acted upon. Further surveys were being developed so people could feedback using their computer tablet in their rooms; this was currently under a trial. The provider was looking for ways for people to feedback about their care to enable people to speak openly, including the use of volunteers.
- People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others

- The registered manager had developed good relationship with people's GP, district nurses and health teams.
- The activities staff encouraged people to join in with events, such as events at the local church.
- Children from the local school visited the home at planned times.
- The provider involved people of special interest for specific events, such as commemoration days.
- The provider worked with the local university. Students from the local college undertaking courses in health and social care carried out volunteer work at the home as work experience.