

Rhetor 17 Limited

The Crescent Care Home with Nursing

Inspection report

27-29 Meyrick Park Crescent
Bournemouth
Dorset
BH3 7AG

Tel: 01202553660

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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

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

The Crescent Care Home with Nursing is registered to provide nursing and personal care with accommodation for up to 40 people, although the home only usually accommodates up to 33 people as seven rooms are for double occupancy. At the time of our inspection it accommodated 31 older people in one adapted building in a residential area of Bournemouth.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were supported by staff who understood the risks they faced and how to support them to reduce these. Staff understood how to identify and report abuse. Staff also supported people to take medicines safely.

People liked the food and there were systems in place to ensure they ate and drank safely.

People were supported by skilled and caring staff, the majority of whom had worked in the home for a long time, to ensure they lived their life the way they chose. Communication styles and methods were considered and staff supported people to understand the choices available to them.

Staff supported people in the least restrictive way possible. The systems in the service supported this practice and continued to be developed as people's needs changed.

People had access to activities and tasks. These were not always recorded. We have made a recommendation about this.

People and relatives told us they could raise any concerns and these were addressed appropriately. They told us that the registered manager and the whole staff team were approachable.

Quality assurance systems involved people and were being developed to support the provision of a safe and good quality service.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? the service remains Good.	Good ●

The Crescent Care Home with Nursing

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 announced inspection took place on 17 and 26 April 2018. The inspection team was made up of one inspector, a specialist advisor and an expert by experience. The specialist advisor had clinical skills and knowledge. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine people. We also spoke with relatives of three people. We spoke with seven members of staff, and the registered manager. We gathered information from social care professionals who had worked with the service. We also looked at five people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and accident and incident records.

Is the service safe?

Our findings

People were supported by staff who understood the risks they faced and knew the measures that helped reduce these risks. People told us they thought the staff were kind and that they felt safe. One person told us: "Everything is very good in this home.... I would recommend this to anyone needing support." A relative wrote that their loved one "felt warm, comfortable and safe and did not want to be anywhere else". We saw that people were relaxed in the company of staff throughout our visits.

Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able to determine the support they wanted. For example, a number of people had chosen to stay in their beds. We spoke with them and they were clear that this was how they wished to live their lives. Staff understood that this put them at risk of isolation. People were supported to make this decision by staff who respected their rights and reduced risks in a way that met their wishes.

Staff understood their role and responsibilities to protect people from abuse. They were able to explain what signs may indicate someone had been harmed and what they would do to make them safe and report this.

People had help from, safely recruited and appropriately trained, staff when they needed it. People had mixed opinions about the staffing level however the majority felt there were enough staff. One person told us: "They come when you need them."

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. One person told us: "This is a nice home, clean and tidy with good staff support."

People received their medicines when they needed them and in ways that suited them. There were systems in place to ensure that this was done safely. Where issues were identified, for example omissions in the recording of cream applications, they were addressed and improvements monitored.

There was an open approach to learning when things went wrong. We noted that one person's mattress had been placed on the wrong setting. This was corrected immediately and a robust system devised to ensure this could not happen again. Information was shared appropriately amongst the staff team, other professionals, people and relatives.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for appropriately.

Staff understood the importance of finding the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish a person wanted the support and care they were offering. For example one member of staff told us: " I check the care plan. Best interests guide us. We check how people respond." The views of the person, and knowledge of their preferences, were respected throughout best interests processes. People were not sure they had been involved in developing their care plans but told us that staff supported them the way they wanted them to.

People were supported by staff who understood their care and support needs and could describe these with confidence. They had received training to ensure they could provide this support safely. People told us this training was effective. One relative told us: "The level of care is excellent." A person said "The staff are very good." There was comprehensive training available to all staff and this was being developed to ensure that staff kept abreast of current good practice and legislation.

New staff could be supported to undertake the care certificate although this had not been required. This is a national training programme to ensure staff who are new to care have a positive induction. The senior team kept up to date with current practice by attending local groups, liaising with other professionals and ensuring they maintained up to date professional knowledge.

People were supported to maintain their health. The registered manager told us that the people living in the home received excellent support from their GPs. People had access to health professionals and information necessary to support them to maintain their health was detailed in their support plans.

People were supported to eat and drink safely. Feedback was continuously gathered and used to develop menus. People were supported to have enough to eat and drink and there were systems in place to ensure this. People chose to eat sitting in the lounge and in their rooms. The registered manager told us this was revisited regularly and that dining tables were available if people's preferences changed.

The environment was maintained to a standard that reflected respect for the people living and working in the home, for example, the patio had been updated to ensure people could use it. There were ongoing plans to improve the environment.

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. When asked about the support people needed staff were able to talk about the things that made people most happy. They described the importance of spending time with people, especially those who chose to stay in their rooms, and explained how much they enjoyed this.

All staff spoke with respect and kindness about people and their conversations reflected familiarity and fun where this was appropriate. People and relatives told us they liked the staff, making comments such as "lovely staff". Compliments had been received from relatives reflecting positive views on the caring nature of the home. These included comments such as: "You and every single member of your team were unfailingly professional, attentive and compassionate."

Care plans focussed on people's strengths and autonomy. This ensured that dignity was promoted at all times. Staff were committed to promoting respect and we saw a senior member of staff had challenged the necessity of some recording as they felt it shared unnecessary information. This was discussed at a team meeting and changes made as a result. Care plans detailed some communication needs and staff used this information to help people make as many decisions as they could about their own day to day lives and to contribute to group decisions. The registered manager and senior staff told us they were continuing to explore support for communication as people's needs changed.

Is the service responsive?

Our findings

People received care that reflected their needs and preferences. They were supported to live their lives in ways that reflected their own wishes and staff described the importance of this personalised approach for all the people they supported. One relative reflected on this stating: "I saw how understanding of (person's name) needs they all were." People were supported to carry out activities and spend their time doing things that were meaningful to them. This was not always recorded and this raised the chance that a person might go for a period of time without staff input or that an activity that someone enjoyed may not be repeated.

We recommend a review of how people's social needs are monitored and ensure that records reflect people's experience and the support provided and offered.

Staff understood how people communicated and if people had concerns these were listened to. We fed back a concern raised by a person and saw this was met with compassion and determination to ensure good quality care. Information about how to complain was available to everyone involved with the service. Relatives told us that senior staff listened if they wanted to address any issues and that actions were taken quickly.

The staff were passionate about ensuring people experienced the best care possible at the end of their lives. The home was in the process of gaining reaccreditation within the Gold Standards Framework (GSF). This is a national scheme designed to promote quality in end of life care. Compliments indicated that the passion of the staff had translated into people experiencing appropriate end of life care. One relative wrote how they were "grateful for the calm and peaceful way" their loved one had died. Another described the "love and compassion" their relative experienced.

Is the service well-led?

Our findings

The home was family owned and run and this was reflected in the ethos of care. Staff were proud of their work and told us "we all get on like family." They felt part of a strong team and made observations such as "(The other staff) are pleased to see me." They felt listened to and supported by the registered manager and other senior staff. Staff gave examples of how their sense of being a family manifested: they covered shifts and took part in activities with people. The registered manager was aware of potential risks implicit in a family run business and ensured that staff had the opportunity to air any concerns safely and effectively.

Staff were all clear about their responsibilities and understood who they could seek guidance from. The registered manager knew the staff and people using the service well, working alongside staff and spending time with people. 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. People, staff and relatives commented on the approachability and availability of the registered manager and other senior staff. People and relatives were asked about their view of the service and this contributed to improvement plans.

Quality assurance processes were being developed to meet the needs of the home. Accidents and incident were reviewed and trends identified to reduce the risk of reoccurrence. The registered manager and clinical lead described how they were developing this system how they intended to monitor its effectiveness within the home.