

Apex Care Homes Limited

# Crescent Nursing Home

## Inspection report

12 The Crescent  
Bedford  
Bedfordshire  
MK40 2RU

Tel: 01234266933

Website: [www.apexcare.co.uk](http://www.apexcare.co.uk)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Crescent Nursing Home provides nursing care for up to 28 people with a range of physical and psychological needs, including dementia, mental health and learning disabilities. There were 27 people living at the service when we visited.

At the last inspection on 25 March 2015 we rated the service overall Good, however they Required Improvement under safe. On 29 July 2015 we carried out a focused inspection to check if the necessary improvements were made. We found that the service improved, however we did not change the rating to ensure that the improvements were sustained over a longer period of time. At this inspection we found that the improvements were sustained and further improved. At this inspection we rated the service Outstanding.

The home has a registered manager. 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.

Without exception people told us that staff were extremely responsive to their needs and preferences and that their care was personalised about them as an individual person. Relatives were highly complementary about the exceptional care and support their family member received.

People were able to maintain hobbies and interests that they enjoyed prior to moving to the home and develop others. Staff enabled people to live the life they wanted and organised social activities, group activities and individual activities. People were able to decide what they wanted to do every day or participate in planned activities, which took place in the day service. This gave people a sense of being in control of their life and empowered them to do what they wanted.

The service was exceptionally well led. There was visible and effective leadership within the service. The service was effectively organised and well run with an open and transparent culture. The registered manager was supported by a dynamic management team that demonstrated a holistic approach and had clear oversight of how the service was meeting people's physical, emotional and social needs.

People received care and support from competent and dedicated staff because the management team encouraged them to learn and develop new skills and ideas. Staff when asked about the culture and values of the service told us that they felt an integral part of a team and enjoyed their work. They were extremely passionate and committed to providing quality care and were clear on their roles and responsibilities.

The service promoted a culture that was open and transparent. The registered manager operated an open door policy and people, relatives and staff felt able to make suggestions on the quality of the care provided. Quality assurance systems were in place and these were used to obtain feedback about the service, monitor

performance and manage risks.

The provider was actively involved in pilot projects and different local groups to constantly improve and broaden the services and opportunities they offered to people living at the home.

People were actively encouraged to voice their opinions regarding all aspects of their care and support. They told us they felt valued and included in making decisions that affected them and were actively involved in their on-going care arrangements. People and their relatives could voice their views and opinions which the management team listened and acted on.

People told us they felt safe and protected from harm in Crescent Nursing home. Staff were knowledgeable about people`s vulnerability and demonstrated good understanding about safeguarding procedures and signs of possible abuse. They told us they always reported their concerns to managers and they were knowledgeable about whistleblowing procedures to report their concerns externally to local safeguarding authorities.

People told us there were sufficient staff employed to meet their needs at all times. Recruitment procedures were robust and ensured that staff working at the home had the right to do so.

People were supported to take their medicines safely by appropriately trained staff who had their competencies regularly assessed.

Risks to people`s well-being were assessed and measures were in place to mitigate these, however staff had a positive approach towards taking risks and enabled people to live the life they wanted.

People`s consent to the care and support they received was sought and staff worked following the principles of the Mental Capacity Act 2005 for people who lacked capacity to take certain decisions to ensure that the care and support they received was in their best interest.

People told us they were provided with sufficient food and drinks and the quality of the meals were good and satisfied their needs.

Staff told us they received regular training and updates to keep them skilled and knowledgeable about the roles they performed. Staff had regular supervisions and they felt supported by the management team at the home.

## 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 remained Good

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Outstanding ☆

The service was very responsive.

People received personalised care and support which met their needs and improved the quality of their life.

Care plans were personalised and created in partnership with people to ensure the care and support they received was according to their preferences.

People were enabled to live the life they wanted and the activities provided to them met their needs.

People`s well-being and health improved due to the commitment shown by staff to value and support people`s individuality.

People were encouraged to raise concerns or complaints.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The management team promoted the highest standards of care and support for people; delivered by an extremely passionate and highly motivated staff team.

There was an open and transparent culture at the service. Staff were supported by the management team and were clear on their roles and responsibilities.

The provider was passionate and highly motivated to positively influence not just the lives of people living in Crescent Nursing Home but in the whole care sector by actively participating in pilot programs and sharing best practice with other providers.

The management team worked effectively in partnership with other stake holders to improve the lives of people they cared and supported.

# Crescent Nursing 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 took place on the 15 September 2017 and was unannounced. The inspection was undertaken by one 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection the provider completed a Provider Information Return [PIR]. This 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We spoke with seven people who used the service, one relative, two care staff, one team leader, two deputy managers who were also registered nurses and the provider's general manager. We also talked to two relatives and a volunteer following the inspection. The registered manager was not present on the day of the inspection.

We looked at two people's care records to see if they were up to date as well as, other records relating to the management of the service, including quality audit records and staff files.

## Is the service safe?

### Our findings

People told us they felt safe in the home. One person said, "I do feel safe here." Another person said, "Yes I do feel safe – very safe. I am well looked after here, I have been here for seven years and the staff are really good to us."

Staff were knowledgeable about safeguarding procedures and how to protect people against the risk of avoidable harm and abuse. They told us there were clear processes and procedures in place to monitor and report their concerns. For example, staff told us how they supported a person who was at risk of financial abuse to go through a safeguarding procedure. Staff were also knowledgeable about how to report their concerns to local safeguarding authorities or CQC under the whistleblowing procedure.

Staff were knowledgeable about risks associated with people`s daily living. Staff told us they knew people well and knew how to mitigate and manage risks to keep people safe. We observed staff safely supporting people some of whom had very complex needs. Staff assessed people regularly and they developed care plans around every identified risk to help ensure these were appropriately mitigated.

People, relatives and staff told us that they thought there were enough staff to meet people`s needs. When we asked a person if there were enough staff they said, "Oh yes, plenty!" One relative said, "There are always good numbers of staff and the same ones in the main." On the day of the inspection we observed that there were enough staff to meet peoples` needs in a timely way. Recruitment was completed robustly with all appropriate pre-employment documentation being sought. This included written and verified references, criminal record checks and eligibility to work in the UK.

People told us that their medication was brought on time and that it was always available. People received their medicines safely by trained staff who had their competencies checked regularly. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people`s medicines. We counted medicines for four people and we found that the stock corresponded with the records kept.

## Is the service effective?

### Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us that staff were aware of their needs. A person said, "They always seem to be going to some sort of training and they can all meet my needs." Another person said, "Even the new ones know what they are about."

Staff told us they received the appropriate support and training to perform their roles and to meet people's needs. One staff member said, "Training is on-going and it is good because it changed from e-learning to face to face training. More staff likes this." Another staff member said, "Training is very good and we have development opportunities." Newly employed received an induction and they were given time to work alongside a more experienced staff member to ensure they learned people's needs and preferred routine. Staff told us they received support from the registered manager as well as regular supervision and an annual appraisal.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that appropriate DoLS applications had been submitted by the registered manager to local safeguarding authorities. People were asked for their consent before care was given and they were involved in decisions about their care. People's care plans contained a range of documents to indicate that people agreed and consented with the decisions made relating to their care. For people who were identified as lacking capacity their appointed relatives or independent advocates were involved in their care. Best interest decision meetings had been arranged with the multi-disciplinary teams to determine if the care and support people received was in their best interest.

People were supported to eat and drink and to maintain a balanced diet. People told us they were provided with adequate amounts of food and drinks; and menu choices were discussed with them. One person said, "Food is very good –if you don't like anything [chef] goes and gets you something you like." We observed staff giving people drinks the way they liked them, like milky coffee or tea without sugar or hot milk. We observed that at meal times nobody had to wait to be helped to eat, as soon as two people were served their food a staff member sat down beside them and assisted them to eat.

People were supported to maintain good health and to access healthcare services when required. A person said, "They [staff] take me [to appointments] and stay with me until I am seen and then bring me back again –very good to me they are." Another person said, "They [staff] do look after your health well here." Staff liaised closely with the local mental health team and other professionals such as, the community psychiatric nurses, the dietician, the speech and language team (SALT) and the tissue viability nurse. We saw evidence that people had access to the dentist, optician and chiropodist on a regular basis. People's own GP who visited the home as and when required.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person said, "They [staff] are warm, friendly and marvellous to me here. All [staff] are kind to me." Another person said, "They [staff] are all good girls."

Staff developed positive and caring relationships with people who lived at the home. We observed that both care staff and nursing staff spent time interacting with people and addressed them by their name. Staff engaged very pleasantly and kindly with people and relatives.

People told us that staff respected their privacy and dignity. They told us staff knocked on their doors and made sure that their private time was respected. Staff spoke about people in a respectful way and told us they had good relationships with people.

Care plans contained information about how people should be supported. Staff told us they were very aware of people's changing care needs and also how best to identify changes to people's care and support. This included observations around people's behaviours and interactions within the home.

Care plans showed that staff responsible for care planning had obtained people's views, and this was confirmed by people who used the service. Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

## Is the service responsive?

### Our findings

Without exception people told us that staff were extremely responsive to their needs and preferences and that their care was personalised. One person said, "One of them [staff] takes me to [name of Town] to see my parents grave every six months. They go out of their way to help us all out." Another person said, "They [staff] speak to you when they are giving you care and ask you if you like it this way or that way." A third person said, "They really know me well and I am happy here. I am so much better since I came here."

Everyone had a care plan that was personal to them and their individual needs and wishes. Care plans gave staff information about the help people needed, including how and when they liked to be supported. Information we read in people's care plans was very reflective of the care and support we observed people received. For example, we observed a person having one to one support during the day. The care plan clearly explained why this support was in place and also prompted staff to give space to the person and how to talk to the person in case they showed signs of anxiety. We observed throughout the day that staff were knowledgeable about this and offered care and support to the person in the right way.

Care plans were very descriptive of people's health and social needs and these were personalised to each individual living at the home. For example each plan explained to the reader how the different conditions people lived with affected their moods, health and general well-being and how staff should provide care and support to promote well-being. One person's care plan described how they were affected by a condition which made them have breathing difficulties at times. The care plan explained generally what the condition were, specific symptoms and also what this meant for the person, how this condition manifested in the case of the individual and what methods staff had to use to improve their general well-being. We found that this pattern was used for each condition people lived with like diabetes, mental health disorders, depression, physical disabilities and dementia. This helped staff to understand how the people in their care were affected by their condition and enabled them to provide personalised support to people to maximise their health and well-being.

As a result of the personalised care and support people received their health and general well-being improved. One person told us how they were when they moved in the home and how they felt much better due to the care and support they received from staff. They told us, "I came here nearly [number] of years ago and I was not well at all. I could not go out or talk to people. I am much better now and I am going home for the weekend." This was confirmed by their relative who told us, "It was heart breaking for me to see [name of person] when they moved in the home. [Person] could not communicate, had no connection with anybody. When I visit now it's a delight, they are a changed person. It is due to the excellent care they receive from staff."

People told us the things they liked to do for themselves and also their preferences regarding the care and support they needed. They told us staff knew them very well and their preferences were always respected. One person told us, "I have a man carer. He is kind and patient with me. I like a man [staff] and they always get me one." Another person said, "I get myself washed and dressed but the staff I have to do with are all good to me. I have no problems." This meant that staff consulted and listened to what people preferred and

wanted regarding their care and this made people feel valued and in control of their lives.

A fundamental aim of the home was to promote people's quality of life by providing positive opportunities for people to live life to the full. People were encouraged to maintain and develop interests which were important to them and this contributed to people living meaningful lives. Strong emphasis was placed on people overcoming any obstacles such as health conditions, to aim high and be in full control of their lives.

We found that two people were encouraged and supported to volunteer at a local charity. Staff told us that this gave people a strong sense of pride and achievement and increased their confidence. Another person told us proudly that they were very happy to be given the opportunity to support the registered manager administratively in the office.

People also told us about the luncheon club where they were given the opportunity to both have lunch with the registered manager and also supported to cook their own lunch and grow their own vegetables. One person told us, "All the staff wanted my recipe for what I cooked. I really enjoyed it." Another person said, "We have lunch with the [registered] manager every day when she is here. She is on holiday now." We found that this had instilled a sense of purpose and pride in people and increased their confidence in their abilities to try and enjoy new things. For example people prepared a play to celebrate the Queen`s birthday and were given the opportunity to perform in a local theatre. People and staff told us that this had been a huge success and we saw in pictures how much joy and sense of pride people had when they performed in front of an audience. A relative told us, "It was absolutely wonderful to see [name of person] on stage enjoying herself. [Person] never done this before." People from the home chose to go out for a meal with the proceeds of the ticket sales.

The staff team were highly motivated and constantly looked for creative ways to embrace people's lifestyle choices which meant people lived their lives how they wished to do so. Staff and the provider helped people to practice their faith. They were often taking people with them to church on a Sunday and at Christmas or Easter. One person was also supported to go to the Mosque each Friday. People told us they enjoyed going out to events over the weekends and one person was supported to attend a weekly evening meeting in the community.

We saw that people were helped to plan their social activities like access a local swimming pool, cinema and theatre. However on the day of the inspection we saw that people asked staff to take them out to a local pub and for a walk in the town. This was accommodated by staff without any planning. People told us that this happened regularly and there were enough staff on duty to enable them to do what they wanted without having to plan ahead.

People were helped to maintain their relationships with friends and their relatives. Staff accompanied a person to visit friends in Devon. Another person was able to visit their family member in Newcastle. Every person in the home if they wished was helped to go on holiday where they wanted. People have visited the Isle of White, Wales, Devon and Blackpool. One person told us they were planning to go abroad and staff were helping them with the planning of their trip. One person told us, "They are all good girls, they helped me get better so I can visit my family." One relative told us, "I am very pleased with the staff. They know how important is for us [person and family member] to see each other. If I cannot visit, they [staff] will bring [name of person] here. It means a lot to me." Another person told us that they were going home for the weekend to spend time with their family. They told us that although they were anxious they were happy that their mental health had improved so much and they were able to slowly get to live the life they wanted.

There was a strong emphasis in managing people`s mental health by offering the right practical and

emotional support. The staff and the provider had worked in partnership with other professionals and fought strongly against the use of antipsychotic medicines to manage people`s behaviour. We saw many examples where people`s well-being improved after their medicines were reduced. For example staff worked hard with a person to gradually reduce the dose of antipsychotic medicines they were prescribed. The person was not communicating or walking much due to the side effects of these medicines. The general manager told us, "After we fought for them to be weaned of what was felt to be unnecessary drugs [person] came to life again and started walking and talking and even dancing."

People were encouraged to raise concerns or complaints through meetings and conversations they had with staff, however people told us they had no cause for complaints. One person told us they only had to mention something to staff and the issue was resolved without the need to complain. There were no complaints received about the service and we saw numerous thank you cards and compliments from relatives and other professionals visiting the home complimenting the quality of the care people received. For example a volunteer visiting the home wrote, "I am very impressed with the kindness and patience shown to the residents, also where possible the encouragement given to those who are severely handicapped to take part in the activities here."

We saw that the complaints procedure was displayed in the home and was accessible to people and their relatives and written in an appropriate format.

## Is the service well-led?

### Our findings

Every person we spoke with told us they knew the manager by name. One person said, "[Registered manager] is lovely." Another person said, "Everything here is running smoothly. The manager is very good."

There was a friendly, warm and welcoming atmosphere in Crescent Nursing Home. People were visibly at the heart of the service and this was sustained by a caring and considerate ethos, promoted by the management team. Every staff member we spoke with and observed was visibly proud to work in the service and were enthusiastic and committed to providing a high standard of care to people. One staff member told us, "The reason I love working here is that we really concentrate in giving the best for people. I have so many examples in my many years of working here where we [staff] really made a difference. We have an emphasis on reducing the antipsychotic medication people are taking and they just come out of their shell."

The management team demonstrated an open, transparent and reflective leadership style. They provided visible direction and a person centred approach to their staff teams. They exhibited a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner. We found that they had extremely high staff retention rate and had many staff who celebrated their 10 or 20 years of service. This gave consistency and a strong sense of belonging to the people, the majority of whom also lived at the home well over 10 years. One person said, "I know quite a few staff here since I moved in. I do know them well and they know me. It is nothing I could change to better. It's perfect."

We saw that people and staff developed strong trust based relationships and they celebrated together special events including people's birthdays and also long standing staff's retirement. For example people made a card for a staff member who retired recently and wished them all the best for the future. Staff told us that having a consistent staff team meant that they got to know people well and recognised early signs of people's mental health relapse and as a result early referrals could be made to health professionals. One staff member said, "We know people so well that we can tell just by looking at them what mood they are in and when we need some specialist advise. I just love working here." We found that although the people living in the home had complex mental health needs there were very few incidents or behaviours which challenged as these were addressed and de-escalated promptly.

People received care and support from competent and dedicated staff because the management team encouraged them to learn and develop new skills and ideas. Staff when asked about the culture and values of the service told us that they felt an integral part of a team and enjoyed their work. They were extremely passionate and committed to providing quality care and were clear on their roles and responsibilities. Staff morale was exceptionally high in the service and staff told us this was because it was an inclusive and supportive place to work. They described feeling valued by their managers and shared with us how they had been encouraged to professionally develop through recognised qualifications within the care industry. One staff member said, "I came here whilst I was doing my nursing just to get some experience. I was supported all the way through and then encouraged to develop even further. The [registered] manager is wonderful, very supportive and always ready to push you to develop more."

At the time of the inspection the registered manager was not present in the home and the inspection was facilitated by the two deputy managers and the provider`s general manager. We were impressed by the professional and friendly attitude of staff and the deputy managers. The general manager who was responsible for four homes owned by the provider demonstrated an extensive up to date knowledge of all the people living in the service without referring to records. They were hands on and visible within the service and people greeted them in a familiar way. This meant that there was a real interest and drive from the provider to ensure people were well cared for and they often spent time in the home interacting with people.

The general manager told us that the provider, registered manager and staff worked extremely hard to support and influence Crescent Nursing Home to be an outstanding and compassionate home, both improving the quality of people`s lives and giving them as many opportunities for enjoyment, new experiences, a sense of purpose, fulfilment and active community inclusion.

The provider was actively involved in pilot projects and different local groups to constantly improve and broaden the services and opportunities they offered to people living at the home. The general manager told us, "I believe through our active involvement and representation in many different local groups and boards, pilot projects and working groups across Bedfordshire we ensure we are at the forefront of positive change, learning from and influencing new initiatives for the betterment of our service users and ensuring we are constantly developing and improving our practice. We pride ourselves on caring for our service users as we would treat our own family and seek not only to treat our service users in this way, but also our staff, which I believe accounts for our extremely high retention rate and having many staff whom have now celebrated their 10 or 20 years of service."

The provider commissioned and worked in partnership with a charity called TIBBS Dementia Foundation on a 12 week pilot scheme called Music for Memory which involved staff working therapeutically with some of the people living in the home and adults with dementia living in the local community supported by volunteers. This allowed the staff team and management to be trained in the benefits of music and its ability to allow people to express their emotions through the medium of sound. The evaluation done at the end of the 12 weeks reported that the project exceeded all the expected outcomes and benefits for people and staff were clearly visible. People become more relaxed and socialised better whilst staff found new ways of communicating with people. Many people chose to continue to access Music for Memory in the community and the home continued to fund raise for the charity. One of the volunteers we spoke with told us, "I cannot believe how involved people are in the home. It is a pleasure to visit every time. People are really well looked after. I saw positive changes in people due to the care they receive."

In order to keep all their homes at the forefront of best practice and able to influence matters locally the provider was part of the Bedfordshire Care Group. The general manager was the provider`s representative on the Bedfordshire Safeguarding Board and provided a link to other providers who were members of the Bedfordshire Care Group in safeguarding matters.

The general manager was part of a pilot project involving the Luton and Dunstable hospital to reduce hospital admission and secure faster discharges. They also put the home forward to be a pilot home working with the University of Bedfordshire and a technology company to develop and test out an electronic care package system to improve record keeping and data management.

The general manager led a campaign for the benefit of the people in the home when a local health authority decided that they were no longer providing continence aids for people living in nursing homes. The general manager on behalf of the Bedfordshire Care Group challenged the health authority on this, taking the

matter to the Bedford Borough Overview and scrutiny committee and managed to get the decision reversed, not only benefiting the people at Crescent Nursing Home but across Bedfordshire. This meant that the provider was committed to improve not just the lives of people living in their homes but in the wider community and they were trying to positively influence and change the whole care sector in their area.

People were actively encouraged to voice their opinions regarding all aspects of their care and support. They told us they felt valued and included in making decisions that affected them and were actively involved in their on-going care arrangements. People and their relatives could voice their views and opinions which the management team listened and acted on. The management team took action to resolve any issues and reviewed untoward incidents and concerns as an opportunity to improve policies and practices within the service. They had excellent oversight of the service and worked closely with their staff teams to drive continual improvement and deliver high quality care.

There was a quality assurance system in place at the home. We found that the home had an effective system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans in place and all actions were re-visited at the next audit to ensure they were completed.