

Apex Care Homes Limited

Crescent Nursing Home

Inspection report

12 The Crescent
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13 November 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Crescent is a residential care home providing accommodation for people who require nursing and personal care to up to 28 people. The service provides support to people living with a range of physical and psychological needs, including dementia, mental health and learning disabilities. At the time of our inspection there were 25 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Care

Medicines were not always administered safely. Information which was recorded within the medicine administration record (MAR) was not always clear or accurate. Guidance for staff was not consistent within records or person centred.

A recruitment process was in place. Staffing levels were appropriate to meet the needs of people safely.

Staff received training which equipped them with the skills for their role.

All staff were positive and motivated in their role. This supported a positive atmosphere and environment for people to live in.

Staff were passionate about the people they cared for and understood the importance of providing care, which was dignified, respectful and which enabled independence.

Right Support

Risk assessments and care plans had been completed. Not all of the records contained person centred information.

People were supported to maintain personal friendships and links within the community.

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.

Right Culture

The quality assurance processes and systems in place were not robust in identifying and addressing the shortfalls of the service.

People were supported by a familiar staff team.

People, their relatives and staff spoke positively of the registered manager who they found to be approachable.

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 Outstanding (published 04 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of Safe, Responsive, and Well-Led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Crescent on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the safe administration of medicine and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Crescent Nursing Home

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 Health and Social Care Act 2008.

Inspection team

This inspection was conducted by 1 inspector, an inspector from the CQC medicines team and 2 Experts 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 25 October 2023 and ended on 13 November 2023. We visited The Crescent Nursing Home on 25 October 2023, and a member of CQC's medicine team visited the service on 09

November 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and 14 relatives about their experience of the care provided. We spoke with 16 members of staff including the registered manager, nominated individual, deputy manager, human resources manager, members of the quality and development team, registered nurses, senior care workers and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and numerous medication records. We looked at 5 staff files and 1 agency staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records 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 our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

People were supported to receive their medicines in a way that was not always safe.

People's medicines records were not always accurate. We found nurses had signed the application of a prescribed emollient cream on the Medicines Administration Record (MAR), to one person living at the home when they had not applied the cream. This meant the record was not accurate and it would be difficult to ascertain if there was an error in identifying the person responsible for applying the prescribed cream. Also, for another person who was prescribed a pain relief medicine. The home had run out of stock of the prescribed medicine. The staff used the same medicine which was not prescribed but held in stock and administered it. We found gaps in the recording of the site of application of transdermal patches.

Some people were prescribed medicines to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols were in place to help staff give these medicines. However, the protocols were not consistent or person-centred. For example, one person who experienced seizures was prescribed rescue medicine to be administered when required. However, there was inconsistency in the information, and it did not match the care plan in place. For another person who was prescribed a medicine for anxiety, information was not recorded in the protocol on how staff should try and support the person and not rely on the medicine. There was a care plan in place that guided staff on how to support the person if they were anxious. However, the dosage of the prescribed medicine was not accurately recorded in the care plan. Medicine care plans were not always in place or person-centred. For example, a person who was prescribed an anticoagulant, there was no information for staff on how to monitor or manage its side effects. For another person who was prescribed a medicine to prevent seizures, there was no care plan in place to guide staff on how the staff should support them if they experienced a seizure.

People did not always receive their medicines safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

Mental capacity assessments documents did not always contain information about how people had been supported to understand and be fully involved in the decision process. The staff knew people well and we did not observe any negative impact to people.

Staff had received MCA training and were confident in applying this within their role.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

A dependency tool was used by the provider to identify safe staffing levels. This was reviewed regularly to ensure staffing levels were safe and met people's needs.

A relative told us, "There are, in my opinion enough staff. I can always find somebody. [Family member] has a sensor mat and if anything goes wrong, they are there straight away."

For the employment of permanent staff, the provider had a recruitment process in place. Pre-employment checks were completed to ensure staff were safely and suitably employed. This including obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

Risk assessments had been completed which identified risk including falls, choking and pressure injury.

Information was clearly recorded to guide staff in actions to take to mitigate risk. For example, where a person was at risk of choking guidance had been sought from external health professionals and shared with all staff including the kitchen staff.

Checks of the environment and equipment were carried out regularly.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

A compliment of housekeepers were employed who maintained a hygienically clean and tidy environment.

Staff had completed infection, prevention and control training and were observed applying this when at work. For example, wearing aprons and gloves when supporting people with personal care.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

Staff had completed safeguarding awareness training and were confident in reporting concerns appropriately.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

Incidents and accidents were regularly reviewed and analysed to identify any trends and patterns. The outcomes of incidents were discussed with staff during handover meetings, supervisions and team meetings and used to drive improvement to the quality and standard of care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's needs were met.

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

People were not always supported as individuals, or in line with their needs and preferences.

People's records provided personalised information about their health, medical and social needs and preferences which provided guidance to staff when providing care and support. However, for one person a behaviour record contained minimal information to support staff with identifying triggers to changes in their behaviour, and actions for staff to take to de-escalate situations. Staff were familiar with people and their needs, therefore, this had not had a negative impact on their provision of care and support. We discussed this with the registered manager who told us they would take action to address this.

End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death.

Care plans were in place which provided basic information about people's end of life wishes. Many of the records lacked person centred information. We discussed this with the registered manager who told us they had planned to review people's records to ensure they contained person centred information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Standard.

People's communication needs were understood and supported.

Care plans contained information about people's preferred communication method. For example, one person used facial expressions and pictorial aids to support effective communication. This information had been recorded within the care plan and shared with staff.

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

People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

Care plans contained information about people's interests and hobbies. This was shared with the activity co-ordinator to support with planning appropriate stimulation and social activities in the service.

A relative told us, "Staff make sure that [family member] is not alone. [Family member] was never a group

person and is used to being on their own. Activity staff and carers make sure [family member] gets outside."

Improving care quality in response to complaints or concerns

People's concerns and complaints were listened to, responded to and used to improve the quality of care. Information relating to the complaints process was displayed throughout the service in both a written form, and also a pictorial aid.

People and their relatives told us they felt confident and comfortable in raising concerns and complaints if necessary. One relative said, "I would go to the nurse that is running the wing or the key worker. If necessary, the manager is approachable."

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 our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

The governance processes in place were not robust in identifying and addressing shortfalls of the service. For example, the provider carried out regular medicine audits. However, the audits failed to identify concerns we found during this inspection. During this inspection we found discrepancies identified within people's care records which had not been identified or addressed through the systems in place. In addition, a maintenance book reviewed on the day of inspection evidenced that requests for repairs have been logged, however, some entries were not clear. For example, one entry stated, 'ground floor rusty and needs painting.' This did not identify what required painting or where on the ground floor. Another entry stated the kitchen trolley had no temperature control, however there were no details recorded of actions taken to resolve this.

The provider failed to ensure the quality assurance systems in place were effective. This was a breach of regulation 17 ((Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality and protected characteristics.

The provider used a variety of methods to obtain feedback from people, their relatives, and staff. These included survey's, meetings, observations and staff supervision.

One relative told us, "We have a relative and residents meeting every 3 months and talk about any issues or any new developments. The building itself is restrictive and when you sit in the lounge there is not much space. I know from the last meeting they are trying to improve it."

There was a positive and open culture at the service.

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

The provider understood their responsibilities under the duty of candour.

Where required the provider had submitted notifications relating to reportable events.

The provider made apologies to people where things went wrong.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received. The provider encouraged and supported staff to progress in their career. One staff member told us, they had been supported to complete their adult nurse degree by the provider, who had made amendments to the work schedule to enable them to complete study commitments.

Working in partnership with others

The provider worked in partnership with others.

Records we saw demonstrated referrals made to external professionals including GP's, dieticians and community nursing teams.

External professionals contacted during this inspection spoke positively of the relationship they held with the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure medicines were managed and administered safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure the governance systems in place were robust in identifying and addressing shortfalls of the service.