

# The Crescent House Charity

# 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 providing personal care to 15 older people with a range of care needed, including people living with dementia. The service can support up to 17 people.

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

People told us they felt safe living at the home. They were protected from the risk of abuse and harm by staff who had been appropriately trained and knew what action to take if they had any concerns. Risks to people had been identified and assessed with guidance for staff, which was followed. People felt there were enough staff on duty to meet their needs. New staff were recruited safely. People received their medicines as prescribed. The home was clean and smelled fresh.

Before people came to live at the home, the registered manager completed an assessment of their needs. Care was planned with people and their relatives. Staff completed a range of training relevant to people's care and health needs. They received regular supervision from the registered manager.

People said they enjoyed the meals at the home and had a range of menu choices. People had access to a range of healthcare professionals and services.

People felt that staff were kind, caring and attentive to their needs. People's diverse needs were identified and catered for and care was delivered in a personalised way that met people's preferences. People were treated with dignity and respect.

Care plans were drawn-up with people and their relatives and provided detailed information about people's personal histories, as well as their care and support needs, which staff followed. People could choose to participate in a range of activities, according to their interests. People's communication needs had been identified, so that staff communicated with them in a way that suited them. If it was their wish, and their needs could be met, people could live out their lives at the home.

People and their relatives were complimentary about the home. Staff were positive in their feedback and enjoyed working at the home.

A range of audits had been implemented to measure and monitor the quality of the service and to drive improvement. Staff felt supported by the registered manager and the register manager had regular contact with the board of trustees. The service worked in partnership with others.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 January 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 one inspector.

#### Service and service type

Crescent House 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 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

Before the inspection, we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service to obtain their feedback. We also spoke with the registered manager and two care workers. We reviewed a range of records. This included four care records and medication records. We looked at two staff files in relation to recruitment and 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.

### Using medicines safely

- Medicines were managed safely and people received their prescribed medicines. We observed staff administering medicines to people at lunchtime.
- Some people had been assessed as safe to manage and administer their own medicines.
- Staff completed medicines training. New staff shadowed other staff initially, then completed the training. The deputy manager completed competency checks for staff.
- The dispensing pharmacy undertook annual audits in the management of medicines and these were satisfactory.

### Preventing and controlling infection

- The home was clean and smelled fresh.
- Staff completed infection control training. We saw staff used personal protective equipment, such as aprons and gloves, when delivering personal care or managing the laundry.
- An outbreak of diarrhoea and vomiting which occurred in November 2018 had been reported appropriately and steps taken to prevent the infection from spreading. An infection control log was completed for people. For example, one person had developed an abdominal rash, and their GP was consulted to check whether this was infectious.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- People told us they felt safe living at the home. One person said, "I've been here for five years and I've always felt safe".
- The registered manager and staff demonstrated a clear understanding of what action to take if they had any cause for concern. Staff completed safeguarding training. One staff member said, "If you see something you think is wrong and that shouldn't be happening, you need to report it. I would speak to the manager, then CQC". Another staff member told us, "Firstly I would speak to the manager and read the person's care plan to find out more information".
- Guidance for staff about safeguarding, who to contact and what action to take was available in the registered manager's office.

### Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- Care plans included detailed information about risks to people and guidance for staff which was followed. For example, one person was at risk of falls and their health condition affected their balance. The person

had received support from an occupational therapist and physiotherapist, and guidance for staff was recorded, which they followed. A referral to the local authority's falls team provided additional information and included exercises for the person, that they use their walking aid, accessed a chiropodist and some dietary advice. The registered manager told us that since reviewing and adjusting this person's support and following professional guidance, the number of falls they sustained had decreased.

- Other assessments for people included their risks in relation to nutrition, skin integrity and their environment. Personal emergency evacuation plans (PEEPs) had been completed which recorded how people should be supported if they need to be evacuated from the home in the event of an emergency.
- Checks were made with regard to water safety and Legionella, portable appliance testing and gas safety.

#### Staffing and recruitment

- There were sufficient staff to meet people's needs; staff rotas and our observations confirmed this.
- People told us there were always staff available when they needed support. One person commented, "I'm happy with the number of staff, but I can get about, so I don't need staff really. I can walk with a stick".
- Staff said they had enough time to spend with people and did not feel rushed.
- New staff were recruited safely. Staff files showed that all appropriate checks had been made before the staff member commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The registered manager told us of an incident that had occurred a few months ago in relation to safe moving and handling practice.
- Following an incident, staff discussed what had happened and further moving and handling training had been arranged. The policy and procedure relating to moving and handling was reviewed and updated. Staff were reminded that if people had fallen in a restricted space, for example, in the toilet, then a slide sheet should be used to move people.

# 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 care and support needs were assessed before they were admitted to the home.
- The registered manager met with people and their relatives to undertake an assessment. Care plans included documentation about people's needs before they received support from staff.
- Some people at the home were living with dementia. The registered manager told us they received advice and guidance from the in reach team in relation to providing a therapeutic environment for people living with dementia. For example, guidance on reading people's body language, communication and listening skills, and the 'butterfly' approach to dementia care. This is about improving the wellbeing of people living with dementia, using a person-centred approach.
- People's care and support needs were reviewed monthly, or earlier, if required.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs. Records confirmed this. One person said, "Yes, staff are well trained. You get to know the staff who work here, which makes it a lot easier, than if you don't know them".
- Staff training was up to date and included safeguarding, moving and handling, medicines, mental capacity, health and safety, emergency first aid and dementia. Training staff received enabled them to understand and meet people's assessed needs.
- One staff member confirmed they found the training informative and useful and told us that some staff were studying for a Level 2 diploma in health and social care. They told us, "Training is always face to face. Sometimes we go out for training, like first aid".
- Staff received supervision from the registered manager approximately every three months. One staff member explained, "We talk about our work generally, relationships with people and staff, things like that".
- Handover meetings between shifts were also opportunities for staff to share information and receive updates about the home.

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

- People were supported to eat and drink enough and had a healthy diet.
- We asked people what they thought about the food on offer. One person said, "You're well looked after here and they cook my dinner for me". Another person told us, "There's a menu each day and you can make a choice. I'm having cheese omelette today". A third person said, "You do get a choice and you can have something else if you want it. I like roast potatoes and roast dinner".
- We sat with people whilst they were having their lunch in the dining room. The meal served to people

looked tasty and appetising. People told us they were enjoying their meal.

- We saw staff explaining to one person with a visual impairment, where on the plate each food group was placed, for example, potatoes at the bottom of the plate, dumpling at the top edge, and so on. This meant the person could decide which part of the meal they wanted to eat.
- We observed one member of staff offered to cut up food for people. Other than this offer of help, people were independent with their eating and did not require the assistance of staff.
- The registered manager told us that menus were planned based on people's choices. They explained, "We flag up on our menus, what people have chosen. We make mealtimes a social event". They added that one person had chosen to have donuts for dessert on one occasion. This person's relative explained the reasoning behind the choice. Apparently 'the donut man' used to visit their home many years ago. The person remembered this as an enjoyable experience. The person always ate half a donut, sharing the other half with their loved one. When the person ate the donut at the home, it was noted they only ate half.
- Apart from one person who chose a vegetarian diet, everyone else was happy with the menu choices; there were no special dietary needs.

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

- The home worked with a variety of agencies to provide a consistent level of care that was specific to people's needs.
- In addition to the dementia in reach team, the registered manager told us they received support from the enhanced care team. This team comprised healthcare professionals with a variety of expertise, especially in relation to end of life care.
- We asked people if they felt their healthcare needs were met. One person said, "I would see a doctor if I needed one. It was my doctor who referred me to this home in the first place". Another person told us, "I've never seen a doctor since I've been here, because I haven't needed to. I've just seen the practice nurse".
- People received support from GPs, opticians and chiropodists. People's oral health care was assessed and they could see a dentist, if this was needed. In one care plan, we read that an appointment was made with an ophthalmologist and for eye screening, as this person's eyesight was a risk factor due to their diabetes.

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

- The environment was conducive to people's needs, especially those living with dementia. Signs assisted people in finding their way around the home.
- A lift had recently been installed and the stair lift disposed of. One person said, "I like the lift as I can move around more freely now".
- All parts of the home were accessible, and there was a pleasant garden which people could access and enjoy. New garden furniture had been purchased and the registered manager told us that people would often eat their meals outside when the weather was warm.
- People's rooms were comfortable and personalised. One person said, "I loved it here from the time I first saw it and I love my room. I wouldn't want to live anywhere else".

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was gained lawfully.
- People's capacity to make decisions had been assessed. Two people at the home were subject to DoLS which had been authorised. Records confirmed this.
- Staff completed training on mental capacity and DoLS. One staff member told us, "If people don't have capacity, then we might have to make some decisions for them. It's about keeping people safe". Another staff member said, "We do have some people here with dementia, some more advanced than others. Some people can remember a lot from the past, but can't remember something that has just happened. We help people to understand and support them to make decisions".

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

- People were supported by kind and caring staff who knew them well.
- We observed a member of staff supporting one person who was using a walking frame along the corridor to the dining room. The member of staff stayed by the side of the person, walked at their pace and was very patient, waiting alongside them when the person needed a rest.
- People told us that staff were warm and friendly. One person said, "You get to know everyone really well, because it's a small home". Another person told us, "Care staff are very nice and encourage me to make decisions about my care. I signed my care plan".
- People confirmed they were involved in all aspects of their care, from deciding when to get up and go to bed, to choosing what to wear. People chose whether they wanted to be supported by male or female staff.
- Staff took time to spend with people and we observed positive relationships had been developed.
- The registered manager explained the importance of treating everyone the same. They told us that some people needed hearing aids and how they were supported with this. The registered manager explained, "Hearing aid wise, we are super-duper at cleaning and replacing batteries. A private practice come in and syringes people's ears as the district nurses don't do it any more, and some people can't visit the GP. People have told us what a difference it makes and how their hearing has improved".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and their privacy was protected.
- One person told us they liked having the same member of staff supporting them in the shower, as the staff member knew them and their routine well.
- Referring to staff, another person said, "When I was a teacher, I used to say to the children, I'll give you respect, if you give me respect. That's how it is here. Staff are very, very good indeed and they always have a smile. They will do anything you ask them".
- We asked staff how they treated people with dignity and respect. One staff member said, "To be honest, most people here are independent and they prefer to do things for themselves; we try and encourage them. In terms of privacy, if they're getting undressed in their room, I will cover them up, speak to them kindly and ask what they want and their opinion. For example, 'What do you want to wear today?' It's keeping people's choices and giving people the feeling of self-worth, that they are in control of their lives and their decisions".

## 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 received personalised care and care plans contained detailed information for staff about people's preferences. One person said, "I love it here, it's my home".
- Care plans also included people's personal histories and documented their lives before they came to live at the home. For example, one care plan included the person's sleep patterns, how they communicated, their mobility, personal care, how they took their medicines, and their eating and drinking.
- Staff were very knowledgeable about people and how they wanted to spend their day. Guidance within people's care plans was followed. Some people required hourly checks at night, but some chose not to be disturbed at night. This was documented and staff acknowledged people's wishes.
- Staff were trained to take observations of people, such as their temperature, blood pressure and pulse. These were then recorded electronically and sent to the medical practice; any abnormalities in readings or concerns could then be acted upon.
- One staff member explained how they might support a person who was partially signed. They told us, "It's the simple things. If you know people can't see on one side, you address them on the other. It's very important that you address people in a way they feel comfortable with. The staff know how to achieve the best for people and how to encourage and engage with people".

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.

- People's communication needs were met.
- We asked the registered manager whether people had any particular communication needs. They told us that one person was German, but spoke perfect English. They added that, "For people living with dementia, communication should be clear and simple, with not too many words which could cause confusion. Some people can't write or have forgotten how to, and worry about their writing or signature. Some people can't write because of their sight, so staff write things down and obtain the person's agreement".
- Where people had a visual impairment, talking books were available. The registered manager said, "People have been offered talking books, but they have not taken to them". A mobile library service visited the home regularly and people could choose books and borrow DVDs if they wished.

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 engage in activities and interests, and these were recorded in their care plans. Activities were planned according to what people wanted.
- For example, music was a popular activity and an Elvis impersonator was enjoyed by all. Staff told us that a mobile farm also visited, so people could engage with horses, goats, chickens, sheep, kittens and ducks. One staff member brought their dog into the home and told us that people often asked when the dog would be visiting next.
- In one person's care plan, it stated they had enjoyed their garden before coming to live at the home. Although they could not now do manual tasks associated with gardening, they told us they were responsible for looking after the birds who came to the garden. They said that nuts for the birds were kept in their bedroom and how they needed to feed the birds by 7am, when the birds were hungry.
- A pet guinea pig had lived at the home for a few years and people enjoying having him on their lap.
- In addition to activities organised indoors, people could visit the local park or go for walks with staff. Staff told us of one person who always went out into the garden every day, whatever the weather. A couple of people subscribed to a club and went out for pub lunches.
- Where people chose not to engage with organised activities, staff would spend time individually with them in their rooms. One person chose never to come out of their room, but enjoyed staff coming in for a chat.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which stated that all complaints would be responded to within three days.
- No formal complaints had been received in recent months. A suggestion box was available for people and their relatives to post any comments in the hall area.
- People told us they had never had cause to make a complaint. One person said, "I've never had to complain, but if I did, I would see [named manager]. She's the boss here, I would go to her".

#### End of life care and support

- If it was their wish, and their needs could be met, people could live out their lives at the home. Care plans included people's end of life wishes, such as funeral arrangements.
- One person had recently passed away at the home. The home had received support from the enhanced care scheme, which is government funded. A nurse practitioner had visited weekly and had facilitated continuity of care and helped staff with any concerns. The registered manager explained that the enhanced care scheme involved hospice and district nurses, to ensure that everything was in place as needed. Support from healthcare professionals to staff had contributed to the person passing away peacefully.
- The registered manager talked about this person's death, the importance of letting them pass away at the home which was their wish. They told us that when someone was on end of life care, they tried not to let this interfere with the running of the home, that people knew the person was poorly, but not how ill they were.
- Where assessed as needed, some people had a 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) plan in place. These were completed by a medical professional, with the involvement of people and their relatives. A DNACPR decision is a decision made in advance for a person, that attempted CPR would not be likely to be appropriate in the event of a cardiac arrest.

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

- People received personalised care from staff who encouraged their independence. Staff supported people in ways that suited them.
- One person told us about the history of the home and how much they enjoyed living there.
- People were asked for their feedback through questionnaires, the last one of which was completed in July 2019. People said they were happy at the home, loved having the new garden furniture, bunting and fairy lights, and they enjoyed all the activities. Weekly menus were chosen by people.
- Relatives had also given their views about the home. One relative had written, 'I am so happy that [named person] has settled in properly. She told me how nice everyone is and how much fun she is having. I am so glad and relieved – so thank you to everyone in your team helping her'. Another relative whose family member had passed away recently wrote, 'We just wanted to drop you a note of appreciation for all of the love and care that you gave our Grandad. We couldn't have asked for a better place for him to be in his final years. You are truly amazing'.
- Staff feedback was also obtained. Five staff responded to a questionnaire in September 2019 and all feedback was positive.
- In October 2019, a meeting was held between people and staff. Everyone said they were happy with life at the home, enjoyed the activities on offer and new entertainers who had been booked.
- We asked staff for their views about working at the home. One staff member said, "It's more homely and I like the atmosphere here. It has a cosy feel to it. Staff are lovely. You get to have a relationship with people who live here". Another staff member told us, "I love working here. It's about the clients and the staff". Both staff members described the registered manager as supportive. One staff member said, "We're a good little team and we all get on well with each other. We know the way each other works".

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

- The registered manager understood their responsibilities under duty of candour. They explained, "I'm an open book. If I've got it wrong, then I hope people tell me. We are open and transparent, and we understand candour and honesty. I don't believe in being negative and I think staff feel comfortable to tell me if anything goes wrong. I will always apologise and try and ensure we don't make that mistake again".
- The registered manager understood regulatory requirements and notifications which were required to be

sent to us by law had been completed. The rating awarded at the last inspection was on display at the home.

- The registered manager felt supported by trustees from the charitable trust who visited the home regularly. The registered manager said that if they wanted anything, such as improvements to the home or equipment, this would be forthcoming.

Continuous learning and improving care; Working in partnership with others

- A system of audits had been implemented which measured and monitored the quality of care and the service overall. Audits related to areas such as medicines, care plans, and the environment. Accidents and incidents were analysed to identify any emerging themes or trends. Audits were effective in driving improvement.

- The service worked in partnership with a range of health and social care professionals, such as the in-reach dementia team, and the enhanced care scheme. Advice and guidance from other agencies contributed to improving people's care.