

Pallottine Missionary Sisters

Keele Crescent care home

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

Keele Crescent Care Home is a care home that provides personal care for up to six people, some of whom are living with dementia. At the time of the inspection there were five people at the home. The home was established over two floors with communal areas on the ground floor.

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

At our last inspection the registered provider was in breach of regulation in relation to medication. The provider and registered manager had worked to implement new systems to improve the management of medications. Improvements were seen at this inspection and a plan was in place to continuously improve the service.

People and their relatives told us they felt safe and happy with the service. Relatives told us, "I think it's great, [person] is lucky to be here." Staff were recruited safely and developed good relationships with the people living at the service.

Relatives had no concerns or complaints, but felt any issues raised would be dealt with effectively. The service kept people, relatives and staff well informed and involved, through regular reviews and meetings.

People's needs and preferences were known by staff and this had led to people receiving person-centred care. Care plans included information about people's routines, likes and dislikes. Relatives told us "Staff know [person] well."

Staff worked effectively in partnership with people, relatives and other professionals to achieve positive outcomes. 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.

Auditing systems and processes were robust, action plans were completed and assigned to the relevant people. Staff spoke positively about the culture of the home, and supportive natures of the managers.

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 requires improvement (Report published on 28 February 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Keele Crescent care 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 Care Act 2014.

Inspection team

The inspection was carried out by one Inspector and one Assistant Inspector

Service and service type

Keele Crescent Care Home 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 relatives to ask about their experience of the care provided. We spoke with two members of care staff, the registered manager, deputy manager and CEO of the home.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to people's medications. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People received their medicines at the right time.
- Medication Administration Records were signed appropriately. Protocols for people's 'as required' medicines guided staff effectively on when people might need these.
- Managers regularly assessed staff's competence to give people medicines.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place.
- Staff could explain what to do to make sure people were protected from avoidable harm or abuse.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed to help staff keep them safe and relatives told us they felt their family member was safe at Keele Crescent.
A relative who went on holiday for four months told us "I felt [person] was safe while I was away".
- Strategies for risk management were clearly and concisely recorded. For example, one person's risk assessment described how staff should support them when they become anxious. This information was available in individual care plans and reviewed regularly.
- Staff told us they had enough time to read care plans and felt they included enough information to keep people safe.

Staffing and recruitment

- There were enough safely recruited staff on shift to enable people to do the things they enjoyed and receive care and support in a timely way.
- One relative told us that the staff team was consistent. They said, "It's not often I come and don't recognise the staff". Another relative said that they "Always see the same faces".
- The provider checked criminal records and obtained references to show staff were of good character before they could start providing care.

Preventing and controlling infection

- Staff followed good infection control practices.
- Staff used personal protective equipment (PPE) and regularly applied hand sanitizer. One staff member told us "There is always gloves and aprons available".

Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately and were used as a learning opportunity to prevent future incidents where possible. For example, one person who had displayed increased challenging behaviour was referred to the mental health assessment team who prescribed medication. The registered manager told us "This is helping" and there have been reduced instances of challenging behaviour.

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 were assessed before they moved into Keele Crescent by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice.
- Care plans and outcomes for people were regularly reviewed by staff and other involved professionals and relatives to ensure the service continued to meet the needs of each person.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to carry out their roles effectively.
- Additional training in advanced dementia had been completed so staff understood how to care for people living at the home. A relative told us their relative "Gets anxious about what to wear and likes an outfit left out on wardrobe each night. Staff do this so [person] does not worry about what to wear."
- Staff had access to regular supervisions and had undergone annual appraisals.

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

- People's weight and diet were monitored effectively and people were provided with a choice of food and drink.
- A pictorial menu was available to help people make choices.
- We observed people having breakfast and lunch during the inspection. People were relaxed and appeared to enjoy the food.
- One relative told us the "Food is all homemade and very good."

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

- The home was adapted to meet the needs of the people living there. This included dementia friendly signage to enable people to successfully orientate their way around.
- One relative told us "The home is nice and small which is good for my [relative's] dementia."
- Bedroom's were personalised and the service was effectively using assistive technology such as white boards and iPads.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged, and staff followed their guidance and advice.
- People received effective care when moving between the home to other services such as hospitals. Information was recorded in the daily notes and ready to be shared if needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Staff had a good understanding of consent and capacity issues and people were actively encouraged to make their own decisions.
- When people could not make their own decision, any made on their behalf was done in accordance with the principles of the Mental Capacity Act.
- One person was supported to have their medications covertly. There was a best interest discussion in place around this, along with supporting documentation from the GP and the Pharmacist. This information was then recorded and reviewed on the person's DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and empathy by staff who promoted their diverse needs.
- We observed one person who was anxious about the time of a relatives visit. Staff used distraction techniques and reassuring language. One relative told us that the staff are "Very caring and patient."
- People's diverse needs were respected. A catholic faith and mass was held at the providers other home which was close by. People attended if they wished to.
- People's rights were upheld and that they were not discriminated against in any way. For example one person followed a different faith and the service supported them to attend church with relatives.

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

- Staff supported people to make decisions about their care and this was reflected in the care plans.
- One person's care plan advised they 'Like to be offered wine with their meal as [they] feel this is polite.' We saw they were offered this with their meal.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff treated people with dignity, and they ensured people received care and support as they preferred.
- Staff used adaptations and aides to support people to make choices and engage in their support. For example, one person had daily cards which detailed the days activities. The person kept this with them and looked at it regularly to know what activities were in place that day.
- One relative told us "[person] used to be a book keeper and was very methodical. Staff understand this and tell them what was happening every day."

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's care was person centred and responsive to their individual needs and circumstances.
- Care plans contained personalised information about people's routines such as how the person prefers to sleep and whether they preferred the light on or not.
- One person's care plan described how they used a hot water bottle as a comforter. During the inspection, we observed staff preparing the hot water bottle which eased the person's anxiety.

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.

- Staff supported people's communication and understanding needs effectively.
- Staff used various personalised communication aids to support people such as daily activity cards and pictorial menus.
- One person with a sensory impairment had yellow crockery to enable them to identify their own food and drink. Also another person attended a university in France and liked to speak the language. During the inspection, a staff member spoke with the person in French. The staff member later told us "It's very important to give [person] that time."

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 spend time with relatives and partake in meaningful activities.
- People were encouraged to meet new people and maintain friendships. One person attended a coffee morning with singing at the nearby home.
- During the inspection, the staff, managers and people living at the home were interacting with the "magic table." The magic table is a light projector specifically designed for people living with Dementia to promote stimulation through specialised games.

Improving care quality in response to complaints or concerns

- At the time of the inspection, the service had not received any complaints however, there was a complaints policy which was displayed on the communal notice board. The complaints policy was available in different formats on request.

- Relatives knew how to make complaints should they need to and one relative told us that the registered manager was "Very approachable."

End of life care and support

- At the time of the inspection, nobody was receiving end of life care.
- End of life care plans were in place to ensure people's preferences were recorded.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements.
- A new auditing system had been implemented which scrutinised service provision and generated clear action plans for completion.
- A variety of other checks were in place at service and provider level, to help assure and improve the safety and quality of people's care.
- The registered manager had ensured they communicated all relevant incidents or concerns to the local authority or CQC as required by law.

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

- The provider and registered manager demonstrated a commitment to provide person-centred, high quality care. Improvements had been made since the last inspection with regards to safety relating to medications.
- Staff told us they felt supported and that managers were approachable. One staff member told us it was "An amazing company to work for."

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 registered manager and provider understood their responsibility to inform people when care fell short or did not meet expected standards. Risks to people's health, safety and wellbeing was effectively managed.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. The local authority and CQC and families had been notified when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and the registered manager involved people and their relatives in day to day discussions about their care.
- People, relatives and other stakeholders were provided with opportunities to provide feedback about the service through surveys, review meetings and regular discussions with managers and senior staff.

- Family members felt involved and said there were good lines of communication. Their comments included, "I know I can always speak to [registered manager]."
- There was a positive approach to working in partnership with others including Clinical Commissioning Groups (CCG) and other health and social care professionals.
- One relative told us they "Sat with the manager and developed a checklist of everything [person] needs to function in her day when I went away for four months. [Manager] emailed me the completed checklist and handover notes while I was away so I could keep track on how [person] was doing, this was very reassuring."

Continuous learning and improving care

- The registered manager had effectively identified previous safety and quality issues. An effective improvement plan had been implemented relating to medications and as change of pharmacy was initiated. This has resolved the previous issues concerning management of medication stock.