

Crest House Care Limited

Crest House Care Home

Inspection report

6-8 St Matthews Road
St Leonards On Sea
East Sussex
TN38 0TN

Tel: 01424436229

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Crest House Care Home is a residential care home providing accommodation and personal care to up to 21 people. The service provides support to older people. At the time of our inspection there were 14 people using the service.

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

Quality assurance systems were not always effective in identifying issues at the service. Improvements were needed to audits relating to the environment and medicines. The provider needed to improve oversight of quality assurance processes to ensure that risks to people could be identified and managed.

The provider and registered manager instilled a caring, person centred culture which the staff team reflected. People's care plans were person-centred and written in partnership with people. People were supported by staff that were safely recruited and trained to meet people's assessed needs.

People, relatives and staff told us they were given regular opportunities to give feedback on the service and felt listened to by the management team. Health professionals were positive about partnership working with staff at the home.

People and their relatives were positive about their experience of the service and the support provided by staff. One relative told us, "It's smashing there, like a home from home. They are like extended family and [person] is well cared for. The carers are amazing people. Because it's a small home, you get to know everyone, and they make me feel welcome too. You couldn't ask for more."

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. People were offered choices by staff and were empowered to make their own decisions.

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 good (published 13 December 2018).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of the environment. This inspection examined those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crest House Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

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 safe.

Details are in our safe 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 ●

Crest House 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. One inspector visited the service and another inspector made calls to people's relatives.

Service and service type

Crest House Care Home 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. Crest House Care Home is a care home without 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 4 people that used the service and 4 people's relatives. We spoke with 5 members of staff including the provider, registered manager, deputy manager and care staff. We looked at 3 people's care plans and related risk assessments. We reviewed multiple medicine records and records relating to the quality of the service. We looked at 2 staff member's recruitment documents and spent time with people and staff. We received feedback from 3 professionals that work with the service.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff understood their responsibilities around safeguarding and knew what signs to look out for that may suggest abuse. One staff member told us, "I would look for changes in behaviour, any bruises or marks. I'd tell my manager straight away."
- Safeguarding concerns had been appropriately reported to the local authority safeguarding team and CQC. Learning from safeguarding incidents was discussed at staff meetings.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were safely assessed and managed. Some people required support with their continence care while using a catheter. People's care plans were clear on the support people needed to manage their catheter. Staff were able to tell us signs that there could be an issue with someone's catheter and how to respond appropriately.
- People's relatives told us that people were safe. One relative told us, "Staff are on the ball, they deal with things quickly and efficiently, it's such a relief and I have no worries whatsoever. [Person] is so safe."
- Some people had health conditions such as diabetes. People's care plans contained information for staff on how to support people safely and monitor their blood sugar levels. Guidance was clear on what staff should do if the person's blood sugar levels were above or below what was normal and safe for the person. One person's relative told us, "[Person] is 100% safe. [They] are diabetic and have support with medicines, staff deal with this efficiently. They know about risks to [them] with [their] diabetes."
- Some people were living with dementia and could become distressed or anxious at times. People's care plans were clear about what may cause this distress and how staff should reassure the person. We saw staff reassured people when they became upset and followed the person's care plan in the support they provided.
- Accidents and incidents were recorded and investigated to look for the root cause. People's care plans were reviewed following incidents and where possible, measures put in place to prevent reoccurrence. For example, one person's care plan had been reviewed following a fall in their bedroom and a sensor mat was put in place to alert staff if the person tried to walk without support.

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 when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. For example, one person's DoLS conditions stated that the registered manager must undertake a risk assessment in relation to the person accessing the front door. We saw this risk assessment had been completed and being followed.

Staffing and recruitment

- There were enough staff to support people safely. People told us there were enough staff to meet their needs. One person told us, "The staff are always around if you ever need them." Gaps in staffing due to sickness or annual leave, were covered by existing staff as well as the registered and deputy manager.
- Staff did not appear rushed and had time to spend speaking to people. One person's relative told us, "When you're visiting, you can see anyone who needs anything, gets what they need. Staff give 100% and there always seems to be enough staff around."
- Staff were recruited safely. The provider undertook checks on staff to ensure they were safe to work with people, this included references from previous employers 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.

Using medicines safely

- People received their medicines safely and in accordance with their prescription and medication administration records (MARs). Staff had been trained and competency checked to administer medicines and understood how each person wanted to be supported to take their medicines.
- Staff worked in partnership with people's GPs to ensure that medicines were reviewed when necessary and instructions on people's MARs were clear.
- Although medicines were managed safely, we identified some recording issues that we have reported on in the well led section of this report.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although the home was cleaned regularly, we found several bedroom windows had not been cleaned effectively and there was a build-up of mildew on the window frames. When we raised this with the registered manager, they arranged for these windows to be cleaned. We have signposted the provider to resources to develop their approach and commented on this further in the well led section of the report.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were able to have visitors to the home when they chose to. Visitors were asked to undertake a lateral

flow test (LFD) and wear a face mask during their visit. The current government guidance for visiting in care homes states that visitors to care homes are not required to take an LFD test before entry. The registered manager told us that visitors would not be stopped from visiting if they chose not to undertake an LFD test. Visitors we spoke to were happy with the current visiting arrangements. One person's relative told us, "All the staff are very welcoming when we visit, and we can come at any time."

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 good. At this inspection the rating has changed to requires improvement. This meant quality assurance systems were not always effective.

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

- Quality assurance systems did not always effectively identify issues. Although the provider regularly spent time at the service, there were no formal overarching audits to ensure quality assurance processes were effective. The provider told us this was something they were planning to put into place.
- Audit systems did not always identify issues with the environment. Although most of the home was clean and hygienic, some people's windowpanes, sills and frames needed to be cleaned. This had not been identified through the provider's audit systems.
- During our inspection we identified an area of the environment that did not follow Health and Safety Executive (HSE) guidance. Although this was addressed immediately following our inspection, it had not been identified by the provider's audit system.
- We found two gaps on one person's MAR where staff had not signed to say they had given the person the medicine. Although the person had received this medicine, the provider's audit systems had not identified these gaps. One person's MAR detailed that a medicine had been stopped and was under review, however the dates on this MAR were incorrect. Although this medicine had been removed from the person's medicine box and they were not at risk of receiving this medicine, further work was needed to ensure audit processes identified discrepancies on people's MARs.

The provider had failed to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was involved in the day to day running of the service and spent time with people living at the home. We saw people recognised and knew the provider and the provider spent time speaking with people. Relatives were positive about the provider and told us, "I can talk to him whenever I need to, he's very responsive and caring. I've never had to raise any concerns, but I know I could. I know any concerns would be dealt with straight away."
- People, relatives and staff told us they felt supported by the registered manager and deputy manager. One staff member told us, "The management team are really supportive and look after us all as a staff team. They're really lovely and always helpful if we ever need anything."

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

- Staff considered people's individual wishes and acted in inclusive and thoughtful ways. Staff had recently

decorated the home for Christmas which included decorations in the lounge area. One person chose to spend time in their room and did not want to spend time in the lounge. Staff had decorated this person's bedroom for them with a Christmas tree. Staff told us this person loved Christmas. Their relative told us, "There's a lovely tree in [their] room, how amazing and sweet that staff have done that for [them]. I was going to look for decorations to bring some in for [them] but now I don't need to. They've brought Christmas to [them]."

- Staff engaged with everyone they encountered, spent time speaking to people and asked them what they would like to do. People told us they were encouraged to spend their time how they chose and did what they wanted. One person told us, "You can eat wherever you want, all around the home, wherever it suits you. You can get up when want. I like to lie in bed and sleep in and that's absolutely fine."

- People's relatives were positive about the culture of the home and attitudes of the staff team. One person's relatives told us, "Staff are kind, friendly, always recognise us always ask how we are and care." Another person's relative told us, "It's friendly and homely and always feels warm."

- One person asked us to read the review they had written about the home on a care home review website. The review read, 'I cannot fault any of the staff, they really are amazing and make this house a home. And the management are absolutely faultless, they're really lovely. I would recommend this home to absolutely anyone.'

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 understood and followed their responsibilities around duty and candour and described it as, "Being open about things when they go wrong and saying sorry. Letting people know facts and doing better next time."

- The provider understood their regulatory responsibility to send CQC statutory notifications of events within the service. We saw these had been completed appropriately and in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were given the opportunity to give feedback about the running of the service and were encouraged to be involved in decision making.

- People reviewed their care plans monthly with support from staff to check if the person was happy with how they were being supported and whether they wanted anything to be done differently. Care plan reviews included comments people had written themselves where possible. All comments we saw about the care and support people received were positive.

- Staff regularly attended meetings where people's needs and staff practice were discussed. Staff told us they were provided with opportunities to give feedback about the service and make suggestions. One staff member told us, "The management ask if we have any problems and let us know if we need to change anything. We're invited to give idea on hobbies and activities people have told us they would like to do."

- Staff held regular resident meetings where people could feedback on the running of the home and the quality of the service they received. People's comments were documented in the meetings and where people made suggestions, these were implemented by staff. For example, one person commented that they wanted more games to be offered in the afternoons, we saw that games featured on people's activity schedule for afternoons following this comment.

- Staff told us they considered each person's characteristics and what was important to them when encouraging people to get involved in the community. For example, for one person to whom Church was important but was not always able to attend services, staff had bought a handheld tablet for the person for them to watch services online when they were not able to attend in person.

Working in partnership with others

- Professionals who worked with the service told us staff were responsive to people's health needs and communicated well. One told us, "If given instructions on how to manage a situation, they follow the advice carefully and are aware when to call back for more information, support and will feed back outcomes to us."
- Staff had taken on the role of administering a medicine to people that was previously administered by the district nurse team. The registered manager ensured that staff administering this medicine were trained directly by the district nurse team and received regular competency checks. In relation to this, one professional told us, "Staff are conscientious with medication administration and know their residents very well. They are organised and up to date with training. Most importantly, they are all very kind and respectful to their residents, staff and visitors."
- One person's relative told us how staff had worked with health care professionals to support a person with their mobility following a fall. They told us, "They (staff) manage falls well. They do exercises with [person] and they are doing all they can to help with [person's] mobility. They have involved the physiotherapist and G.P."

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.