

Crowley Care Homes Limited

# Crowley Care Homes Ltd - St Annes Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Crowley Care Homes Limited- St Annes Care Home is a residential care home providing personal care to 21 older adults who may be living with dementia, a sensory impairment or a physical disability at the time of the inspection. The service can support up to 22 people. The service is split across two floors and people have their own bedrooms and share facilities such as a lounge, garden and bathrooms.

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

People were not always supported in a person-centred way and the provider had not identified shortfalls at the service and how these could be improved. One relative told us, "I am disappointed in the care that [family member] receives. It does not need to be luxury, but the basics should be right."

Audits completed by the provider and management team were not effective in identifying where improvements needed to be made. This included areas such as supporting people to communicate or have a clean and comfortable home. The provider had failed to learn and improve from previous inspections and the service continued to be rated requires improvement for the sixth time. We could not be assured that the provider would be able to implement and sustain improvements.

The culture of the service was negative as people were not being empowered to achieve positive outcomes and continued to receive a service where improvements needed to be made. People and relatives were not being supported to feed back about the service or be involved in decisions about their care and support. We have made a recommendation that the service improves the way they collect feedback from people and relatives.

The service was not kept clean and this placed people at the risk of infection. The furniture provided for people was old and worn which could also pose an infection control risk. Not all safety measures were taken regarding protecting people from the risk of infection of COVID-19.

People were not supported in line with the Accessible Information Standard (AIS) meaning that they were unable to communicate effectively and feed back about their care. The service had not been adapted to support people living with dementia to orientate to the best of their ability. People's living environment was not maintained to a good standard. It was not clear how people who chose to spend time away from communal areas were having their personal preferences met.

People were kept safe by a staff team who were trained to understand safeguarding and how to report concerns. Risks to people with regards to their daily living were assessed and updated regularly. There were enough suitably trained and skilled staff to support people safely. People were supported safely with their medicines. Incidents and accidents were reviewed for lessons learned and shared with the staff team.

Staff treated people with kindness and respect and knew them well. The manager had adapted people's

care plans to focus on their likes, dislikes and preferences. Feedback about activities which had been provided by the previous activities' coordinator was mostly positive, and the manager was recruiting into this role. Complaints were responded to appropriately. People received kind and compassionate care at the end of their life.

The new manager was working hard to put improvements in place and feedback about them was positive. They and the provider responded during and after the inspection to show us that action was being taken to put improvements in place.

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 requires improvement (published 11 March 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

#### Why we inspected

We carried out an announced comprehensive inspection of this service (published 11 March 2020). Whilst no breaches of legal requirements were found, we made two recommendations to guide improvements at the service and rated the service as requires improvement.

We undertook this focused inspection to check they had made these improvements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those recommendations.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement- Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crowley Care Homes Limited- St Annes on our website at [www.cqc.org.uk](http://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.

We have identified breaches in relation to safe care and treatment (infection control), person centred care and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 also meet with the provider to discuss how they plan to make and sustain improvements. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Crowley Care Homes Ltd - St Annes 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

This inspection was carried out by two inspectors.

#### Service and service type

Crowley Care Homes Limited- St Annes 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 who had applied to register with the Care Quality Commission. This means that the provider is 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 and professionals who work with the service. 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 this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the provider, manager, deputy managers, care workers, maintenance worker and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple 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 also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 remained the same. 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.

### Preventing and controlling infection

- Several areas of the service were visibly dirty and in need of cleaning. This included areas in people's bedrooms and communal areas such as toilets. Some furniture in people's rooms was old and worn. People's toiletries were spread out on windowsills and on top of toilets which would have made these areas difficult to clean thoroughly. Some of the chairs in the lounge area could not be easily cleaned or wiped down. This put people at risk of infection.
- The provider did not take every measure to ensure that the risk of infection from COVID-19 was minimised. When we visited, we were not asked to provide evidence of a negative lateral flow test, have our temperature taken or complete any screening questions. Whilst there was plentiful PPE available and staff used this according to guidance, there were no designated 'PPE stations' for staff to use around the service. Staff confirmed that the only hand sanitiser placed around the service was at the entrance. This increased the risk of visitors or staff bringing an infection in to the service.
- The providers and managers records and audits were not effective in identifying that the service was not clean. Some records of cleaning were missing meaning it was hard to audit whether cleaning tasks were being completed.

We found no evidence that people had been harmed however, the service was not kept clean to help avoid the risk of infection and cleaning audits did not identify this. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the manager and provider responded to these concerns. This included introducing a screening questionnaire for visitors, updating and changing cleaning records and audits and investing in new furniture in some areas of the service.

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

- People's needs had been assessed in areas of their daily living such as moving around the service, eating and drinking and going out. If people's needs changed in these areas, then assessments were updated, and extra support put in place if required. For example, one person who was at risk of falling was provided with a piece of equipment to enable them to walk safely. A relative told us, "[Staff] will always make sure [family member] has what they need to keep them safe."
- Staff ensured that equipment used at the service, including firefighting equipment was serviced and checked regularly. People had plans in place for emergencies such as fires and staff knew these well.
- The management team reviewed incidents and accidents at the service and acted where necessary. Any



changes made as a result of these actions were reflected in people's care plans and shared with the staff team.

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

- People felt safe living at the service. Staff had a good understanding of safeguarding and what signs may indicate abuse was happening. Staff knew who to report concerns to and information about safeguarding was available to them. One person told us, "I have lived here a long time and I feel very safe." Another person said, "Yes, I would think I am very safe living here. The staff look out for me."
- The provider worked with the local authority safeguarding team to help ensure that people were safeguarded from the risk of abuse. A relative said, "Honestly, I think the service is the best place for [family member]. [Staff] always look out for them and keep them safe."

#### Staffing and recruitment

- People, relatives and the staff team told us there were enough staff to keep people safe. One person said, "There is always someone about and you never have to wait." A relative told us, "I would say there are enough staff. [Family member] always seems to have what they need."
- During the inspection, staff were able to attend to people's needs as and when required. Call bells were answered in a timely fashion and staff attended to people both in communal areas and in their bedrooms, if this is where they chose to spend time.
- The provider completed employment checks in line with current legislation to ensure that staff were suitable for their job roles.

#### Using medicines safely

- People were supported to take their medicines safely. Detailed plans were in place explaining what medicines were for and how people preferred to take them. This included protocols for a 'as and when required' (PRN) medicines.
- Staff were trained and had their competency checked to help ensure that medicines were administered safely to people.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

### 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.

At our last inspection we made a recommendation to the provider about the AIS and ensuring that people were supported to communicate effectively. At this inspection improvements had not been made.

- The provider had not considered people's communication needs. People living at the service were living with dementia, however no consideration had been given to help people communicate their needs. For example, information such as menus or a complaints procedure were not available in formats that people who could not read or write well would understand. Minutes from meetings held with people were not available in formats other than written word.
- People were not supported to orientate and find their way around the service. Rooms were labelled as 'bedroom' or 'toilet' however each bedroom had the same sign on it. Doors had not been personalised to help people locate their bedroom or support them to understand where they were in the service. Rooms such as bathrooms had not been decorated to support people to use them independently, such as using colours to help people identify where toilets and sinks were.
- The provider had not stayed up to date with current best practice around supporting people living with dementia to communicate their needs or understand and orientate in their environment. This meant that opportunities for people to maintain their independence or communicate their needs may have been missed.

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

At our last inspection we made a recommendation to the provider about ensuring that people's cultural and personal preferences regarding diet were met. At this inspection some improvements were still needed.

- People were not always supported to meet their personal preferences. Relatives told us that their family members were not supported to have their dietary preferences met. One relative said, "I do not think [family member's] background is catered for with meals. I have sourced food for them in the past. I know quite a few people would like there to be another option of food available (that meets their cultural preferences)."
- It was not clear how people who spent time in their rooms were having their personal preferences met.

One person had the TV on in their room. When asked if they liked the programme, they told us, "I do not know. [Staff] just come in and put it on." This person's moving and handling equipment was left in the middle of their room and their toiletries were spread over their windowsill and on their toilet. This did not promote the persons preferences or their dignity.

- Relatives gave us examples of where they felt that family members personal preferences were not always met. Relatives comments included, "The TV signal is not very good and [family member] was without a TV for a while. I had to mention this several times before actions was taken." and, "I do think that sometimes decisions are made so that staff have an easier time rather than help my [family member] do what they want."
- People's rooms were not personalised and the furniture that they had was old and worn. This did not promote personalised care.

We found no evidence that people had been harmed. However, people were not being supported to communicate in line with the Accessible Information Standard and people's personal preferences were not being met. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager responded during and after our inspection. Plans were already in place to offer alternative meals based around people's cultural preferences. The provider put plans in place to support people to communicate their needs and be supported in line with the AIS. The provider also sent us evidence that they would be purchasing new furniture for people's bedrooms.
- Staff spoke to people with kindness and respect. People described the staff team as "Lovely", "Always there when you need them" and "Very kind". A relative told us, "[Staff] always come across as kind and compassionate. They always come across as wanting to try their best for [family member]."
- Some staff were able to speak to people in their preferred language, as people now chose to speak in a language other than English. This had a positive impact on people's ability to make choices and communicate their wishes. Staff told us that they planned to make other staff aware of some phrases that they could use to help them communicate with people in their preferred language.
- The manager had worked with people to update care plans to make them more person centred. This included information about people's likes, dislikes, preferences and life history. This meant that staff had information about the way that people wanted to be supported and could use this to best meet each person's needs.

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 had a choice of activities to take part in which met their interests. This included bingos, quizzes, listening to music, cooking and 1:1 activity depending on the person's interests. These had become less frequent recently as the activities coordinator had left. The manager was in the process of employing a new activities coordinator and had involved people and the previous activities coordinator in this process.
- Staff tried to engage people in activities such as drawing or playing cards although this was limited due to their other duties. People who spent time in their rooms went for longer periods without significant interaction, however we were assured that this would improve again following the employment of the new activitie's coordinator.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place at the service. Complaints were responded to in a timely manner and actions were taken based on the nature of the concern being raised. However, as stated above, the complaints policy was not available in an accessible format for some people using the service.

- People and relatives told us that they knew how to make a complaint. One person said, "I know who to speak to if something is wrong." A relative told us, "I do speak to the manager and they try and make things right if there is something wrong."

#### End of life care and support

- People received kind and compassionate care at the end of their life. Staff worked well with professionals such as palliative care nurses to ensure that people were comfortable at this time. Staff received end of life training and had a good understanding of what was important to people at this time.
- People's end of life care plans were detailed around their preferences and wishes for this time of their life. This meant that staff had access to information to support with dignity and respect.

# 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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The manager and provider completed audits to monitor the quality of care people were receiving. However, these were not effective in identifying the areas we identified as needing improvement at this inspection. This included cleaning not being completed, furniture not being fit for purpose, infection control measures not being in place, the AIS not being used to help people communicate, the environment not being adapted to support people living with dementia and people's personal preferences not being considered in some areas.
- The provider had a history of not being able to sustain improvements. We made recommendations at our last inspection and improvements had not been made in these areas. The areas that we identified as needing improvement at this inspection had been raised with the provider in previous inspections. This showed that continuous learning and development was not happening.
- The provider has not kept up to date with current best practice around supporting people living with dementia. The service had not been adapted to support people to orientate in their environment and information was not made available to people in a way that would support them to understand.
- This is the sixth time that the service has been rated as requires improvement. Therefore, we could not be assured that the provider will use the findings of this inspection to implement and sustain improvements.

We found no evidence that people had been harmed. However, audits were not effective at identifying areas for improvement. The provider had been unable to implement and sustain improvements over multiple inspections. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded during and after the inspection. They showed us evidence that improvements would be made to the environment. The manager started to update audits to ensure that these were more effective at identifying improvements. However, more time would be needed to see if these would have a positive impact at the service.
- The new manager was working on improving the service based on feedback from partners such as the local authority. They shared their plans with us around making the service more person-centred for the people living there.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 improvements needed at the service meant that people were not being empowered to achieve good outcomes. This is because people were not being supported to communicate in their preferred method or empowered to understand and orientate in their home. People were not treated in a person-centred manner as the service was not being kept clean and people's furniture was not fit for purpose.
- We received mixed feedback from people and relatives about the culture of the service. One relative said, "I am not sure that [family member] always has what they need. They do not always get the food that they have requested and [staff] do not always act on what I ask them to put in place for [family member]." Another relative told us, "Staff are pleasant, but I am not sure they have the time to spend with [family member] or give them precisely what they want."
- Other relatives expressed that they were disappointed with the furniture and the environment that their family member lived in. One relative explained that their family member's clothes would often go missing and that their toiletries were not stored tidily in their bedroom. We observed this to be the case during our inspection.
- Relatives explained that they had not been supported to speak to their family members often during the pandemic. Relatives comments included, "There has been one Facetime call with [family member] but I did not hear back about organising another one." and, "The one thing that did not work well during the pandemic was communication with [family member]. We felt quite cut off."
- Relatives spoke to us about how the provider did not always address their comments or concerns in a respectful tone and that this was not supportive.
- Other people and relatives were more positive about the service. One person said, "It is good living here. Everyone looks after me." A relative told us, "I would say that the service is the best place for [family member]. They are much safer than when they lived at home and seem very happy."
- Staff were kind and friendly to people and spoke with them respectfully. People were comfortable being supported by the staff team.
- The new manager was having a positive impact at the service and was working with people and the staff team to create a positive culture. They shared evidence of where this had a positive impact for people, for example one person now found it easier to ask for staff support if they were feeling upset. People described the new manager as, 'lovely', 'brilliant', and 'very kind'.
- The manager and provider reported events to the relevant authorities when things went wrong and fed back to people and relatives about any actions that were being taken.

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

- People were given the opportunity to feed back about the service at meetings. However, these were poorly attended and the people who attended were able to communicate their needs using verbal language easily. Minutes from these meetings were not made available in accessible formats. There was no evidence that people who did not attend the meetings were supported to give feed back about the service. The AIS was not used to help people communicate and share their views about the service.
- Relatives told us that the provider and staff team did not always communicate with them unless something had happened such as an incident or an accident. One relative told us, "I do not really hear from the service. [Staff] will only ring if something is wrong." Another relative explained that a change was made to their family members care at the service, however they were not informed. Relatives told us that they were not aware who the new manager was or that the activities coordinator had left. This meant that opportunities to collect feedback about the service were missed.
- Surveys were sent out to collect feedback from people however these were not in an accessible format for people's communication needs in most cases. Therefore, a lot of these were not returned and other methods of collecting people's views had not been considered.

We recommend that the provider and manager work with people and their relatives to establish effective communication which meets their needs and enables them to feedback about the service in an easy and accessible manner.

- Staff received regular supervisions and team meetings and were able to give feedback about the service.
- The new manager shared their plans to improve how people were supported to communicate and feedback about the service.

Working in partnership with others

- The management and staff team worked with health professionals such as physiotherapists, GPs and speech and language therapists to help ensure that people's health needs were met.
- The manager linked with other professionals such as pastors and advocates depending on people's preferences and support needs.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence that people had been harmed. However, people were not being supported to communicate in line with the Accessible Information Standard and people's personal preferences were not being met. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed however, the service was not kept clean to help avoid the risk of infection and cleaning audits did not identify this. This placed people at risk of harm.</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, audits were not effective at identifying areas for improvement. The provider has been unable to implement and sustain improvements over multiple inspections. This placed people at risk of harm.</p>

### **The enforcement action we took:**

Notice of Proposal asking the provider to implement effective systems to ensure that improvements are made and sustained. This will help ensure that people receive safe and good quality care.