

Mrs Sally-Ann Waycot

Crown House Care Home

Inspection report

Crown Walk
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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

Crown House is a residential care home providing personal care to up to 21 older people. At the time of our inspection, there were 16 people using the service.

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

People felt safe because staff understood their responsibilities to protect people from abuse and harm. People were confident staff would take action if they raised any concerns. Staff knew people well and quickly recognised any changes to their emotional or physical wellbeing.

People enjoyed the meals provided and staff ensured dietary needs and preferences were met and people had enough to eat and drink.

Staff managed people's medicines in a safe way and ensured people had their prescribed medicines at the right time. The premises and environment were extremely well maintained, clean and hygienic.

There were enough staff to meet people's needs and staff had the training and support they required. Staff were kind and compassionate, they empowered people to be as independent as they could be. People's human rights and freedom to make decisions were respected and upheld.

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.

Care and support were person centred. People had opportunities to follow their interests and hobbies and to maintain relationships with their friends and families.

The provider was accessible and approachable. The culture of the service was open and inclusive. People and staff felt supported by the leadership within the service. Quality monitoring and governance was effective, and people's views were used to make changes and improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service under the previous provider/legal entity was Good (Published 16 January 2019).

Why we inspected

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

Follow up

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 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 ●

Crown 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.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Crown House 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. Crown House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the provider, deputy manager and two care workers.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 'good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and confident they could speak with staff if they had any concerns.
- Staff had training and knew how to recognise abuse and how to report it including reporting to other agencies such as the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risk was assessed and managed effectively. For example, where risk of developing pressure sores was identified, the correct equipment was provided, and staff ensured people's position was changed at the required frequency.
- Accidents and incidents were monitored and analysed. Action was taken to reduce further harm.
- The incidence of falls was low. People had access to a physiotherapist so they could remain as mobile as possible and in a safe way.
- Routine maintenance and safety checks were carried out on the premises and equipment to check it was safe and in good working order.
- Staff had training and knew what to do in the event of a fire. Fire safety and detection equipment was tested weekly.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff responded to their call bell quickly and they did not have to wait when they required staff support.
- Staffing numbers were determined by assessing people's dependency needs. Staffing numbers were adjusted if people's needs changed.
- Pre employment checks were carried out to ensure that as far as possible, only staff with the right skills and experience were employed. People had confidence in the staff supporting them.

Using medicines safely

- People told us staff managed their medicines in the right way. A relative we spoke with commented on how well organised staff were and how they managed their family members medicines safely.
- Staff had training and had their competency assessed. They knew what action to take in the event of a medicine error.
- Medicines were stored securely, and records were accurate and up to date. Audits and checks were carried out to make sure people had their prescribed medicines in the right way and safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- People's friends and family were supported to visit and maintain relationships. Staff followed government guidance and made sure visits were carried out in the safest way.

Learning lessons when things go wrong

- The provider made changes after any incident or accident in order to reduce further risk. For example, changes were made to the layout of furniture to make sure a person had a clear route to mobilise with a walking frame.
- Additional safety measures were installed following the premises electrical wiring inspection so that in the event of a fire, means of escape would not be affected by any electrical wiring.

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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. 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 had their needs assessed before they began using the service. Where possible people were invited to visit Crown House for the need's assessment. People were encouraged to have a two-week trial before deciding to move in.
- The provider and staff kept up to date with standards and guidance through training and consultation with other professionals such as the local authority and healthcare workers.

Staff support: induction, training, skills and experience

- People told us staff were competent and well trained.
- All staff had induction and ongoing training. The provider ensured training was up to date and refreshed at the required intervals. For example, staff had moving and handling training annually.
- Staff told us they had all the training and support they required. They could request additional training and had been able to achieve nationally recognised qualifications in care.

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

- People were very complimentary about the meals provided. One person said, "The food is excellent, we speak to the cook and they know the meals we like and will repeat these if we ask them to. Another person said, "The food is hotel standard."
- We observed people at lunchtime, some people chose to have their meal in their own room. The dining room was well organised, and the lunch time meal was a social occasion. People were supported in a sensitive way and the lunch-time experience was relaxed and unhurried.
- People were offered a choice of meals and had their dietary needs and preferences met. A variety of nutritious meals and snacks were available.
- People at risk of malnutrition and dehydration were supported to have enough to eat and drink and this included consulting with healthcare professional where this was required.

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

- People told us how staff supported them to attend appointments and made referrals to doctors and community nurses where this was required.
- The provider and staff supported people to be as active as possible in order to promote good health.
- People had access to a physiotherapist.
- The provider and staff used a risk assessment tool when people became unwell to support accessing

appropriate healthcare services in a timely manner.

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

- The design and decoration of the premises met people's needs. The dining room had recently been re decorated. People said they liked their rooms and enjoyed spending time in the communal lounges and roof gardens.

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 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 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. People had their capacity to make decisions assessed. At the time of our inspection everyone living at Crown House was able to make their own 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.

This is the first inspection for this newly registered service.

This key question has been rated 'good'. 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 said they were treated with respect. One person said, "Nothing is too much trouble. They bring me a cup of tea every morning." Another person told us the night staff always came to say hello when they arrived for duty.
- Interactions between people and staff were positive and respectful. People were comfortable and relaxed with the provider and with staff.
- People's equality and diversity needs were assessed. Staff respected and upheld people's beliefs and preferences.

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

- People were consulted about their care and support. Care plans were developed with the person and based on their preferences.
- One person said, "They [staff] always listen and know me well, they notice when I am having a down day, they always have caring words."
- Staff had time to spend with people. A visiting volunteer said, "I think this is the best home in the area, staff know people well."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Staff had training and knew how to maintain privacy, dignity and confidentiality.
- People's independence was promoted. One person told us how they had been able to access a physiotherapist and how this supported them with their mobility.
- We were given examples of how another person had become mobile again since moving into Crown House.
- We observed staff giving people time and encouragement to walk short distances so they could maintain their mobility and independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'good'. 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 had care plans recording their needs and preferences and the way they preferred to receive care and support. These included the things that were important to people and their social and cultural needs and preferences.
- People were empowered to have choice and control over how and where they spent their time.

Meeting people's communication needs

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

- Each person had their communication needs assessed and included in their care plan.
- The provider told us written information could be provided in accessible formats such as large print if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with friends and family.
- A relative told us communication was very good and staff kept them informed about any changes. They said, "They [staff] know [family member] so well."
- An afternoon tea took place to commemorate the Queens Jubilee. People's friends and family attended and were very positive about this event.
- People had formed friendships and many people went out into the local town to access the shops and cafes.
- A volunteer attended twice a week to do crosswords with people in the lounge. This activity was very popular and well attended.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people knew how to make a complaint and said they would feel confident making a complaint should they need to.

- There had not been any complaints received by the provider but their policies and procedures meant all complaints would be investigated and used as an opportunity to learn and improve.

End of life care and support

- Each person had a 'respect form' in place. This set out people's advanced preferences should they become unwell and at the end of life.
- Staff worked with community nursing teams when people were at the end of their life so that people had a comfortable, pain free and dignified death.

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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. 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

- The culture was person centred. People were extremely positive about the service and the staff who supported them.
- The provider had a 'hands on' approach, people and staff felt supported and respected. One person said about the provider, "They are a very good leader, any slight thing they put right. They have a very good relationship with the staff too."
- Outcomes for people were good. People had been supported to regain mobility and independence and were empowered to live active lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest if things went wrong.
- The provider ensured all relevant legal requirements were met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications and other required information.
- Governance systems were effective and ensured risks were identified and managed.
- The provider had contingency plans in place in the event of an emergency or COVID-19 outbreak.

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

- The provider was accessible and available to people and knew and understood their needs. A person had recently moved in and told the provider they liked a particular type of biscuit. The provider added these to the regular food order and made sure these were available.
- Surveys were sent to people, relatives and visiting professionals so that feedback could be used to monitor the quality of the service.
- Staff meetings were held, and staff felt valued and listened to. A staff member said, "even if it's a personal issue the provider is there for us."
- Changes were made to the rota when night staff said they required more help in the mornings.

Continuous learning and improving care

- The provider had development plans in place, and this included staff training and development.
- Changes were being made to improve the environment. The dining room and snug had recently been redecorated.

Working in partnership with others

- The provider worked closely with the Local Authority and attended weekly meetings. Any changes to people's needs or wellbeing was discussed and action taken when required.
- Staff followed advice and guidance provided by healthcare professionals.