

Mr & Mrs Michael Waycot

Crown House Care Home

Inspection report

Crown Walk
High Street
Oakham
Leicestershire
LE15 6BZ

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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

This inspection took place on 13 April 2016 and was unannounced and was carried out by one inspector.

Crown House is a service that provides accommodation for up to 22 people. There were 22 people who used the service at this time. Care and support was provided to enable people to live an active life and as full a life as possible. People set their own goals and support was provided for people to achieve these.

The service is set on one level and has a lift and stairs for access from an entrance hall on the lower level. People who used the service told us that they were able to walk around the shops and visit friends as the service was in the centre of Oakham village with easy access to local services such as the library. People lived as independently as possible and actively used local amenities on a regular basis.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service told us that they felt safe. Relatives also said that they had no worries about the safety of people or the service. Everyone we spoke with said that staff were very caring and treated people with dignity and respect, but at the same time, were considerate and compassionate.

People had easy access to local amenities and most people who used the service were in and out of the building during this inspection. We saw that staff greeted people with a smile and chatted about where the person had been and people were talking and happy to discuss their day. This was confirmed during our discussions with people.

Staff expressed a robust awareness of how to protect people from abuse and avoidable harm. They also felt more than comfortable speaking openly to staff and management about any concerns.

Staff had the necessary training and skills to provide them with the knowledge to support people appropriately. We reviewed the training programme that ensured that basic training was completed by all new staff and then further refresher training was regularly updated. Staff confirmed that they had a programme of on-going training that updated their skills. An induction programme was in place for all new staff that were employed at the service.

Relatives said that they knew they could bring any concerns to members of staff, who would deal appropriately and immediately with these.

Healthcare professionals were contacted when this was needed and any instructions were recorded and monitored. Care plans had details of a person's individual support needs, these were reviewed regularly.

This was confirmed by our discussions with people who lived at the service and also through our review of records.

All staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2008. Our observations and review of records showed that people were encouraged to make independent decisions and choices. People who lived at the service confirmed that staff asked before any support was provided and that they spent their day as they wanted.

There were systems in place to assess and monitor the quality of the service. This included regular discussions with people who used the service. The provider regularly issued questionnaires to gather the opinions and thoughts of individuals, the results were then collated and discussed with the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us that they felt safe and that staff did listen to them if they had any concerns.

Staff recognised and knew how to deal with abuse. The provider had effective recruitment procedures and enough staff were deployed.

Staff had been trained regarding the safe and appropriate way to store and administer medicines. They handled medicines in the appropriate way.

People were supported and encouraged to make independent choices. Risk assessments were completed to support the safety of people.

Is the service effective?

Good ●

The service was effective.

The staff team were trained to have the skills and knowledge they needed to support and care for people.

People were supported to access healthcare professionals whenever this was necessary.

People told us that they chose and enjoyed their meals. Staff made the eating experience as enjoyable as possible.

Staff had training on the Mental Capacity Act (2005) and of the principles of the Deprivation of Liberty Safeguards (DoLS) 2008 and this training was put into practice.

Is the service caring?

Good ●

The service was caring.

People told us that they were treated with consideration and

respect at all times. Their privacy and dignity were supported.

People were encouraged to be fully involved in making decisions about their daily lives and any support that they received.

We saw that staff treated people with consideration and provided choices for people.

Is the service responsive?

Good ●

The service was responsive.

People's individual preferences had been assessed and were updated as needed. Care plans contained clear information about people's goals and choices.

There were regular activities planned both in the service and the local community.

The provider had a complaints procedure that was accessible to people.

Feedback forms were regularly issued to gain opinions of the service that was provided.

Is the service well-led?

Good ●

The service was well led.

Staff were encouraged to give their suggestions about the development of the service. They were also able to ask for additional training that they felt was relevant to their role.

The quality of the service and the premises were regularly audited and any actions required were completed to address any areas that required improvement.

Crown House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 April 2016 and was unannounced. This inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

During our visit we spoke with five members of staff, seven people who used the service and two relatives. This was to gather their views of the service being provided.

We reviewed a range of records about people's care and how the service was managed. This included four people's care plans and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality assurance audits that the management completed. We had a tour of the premises and also observed a medicines round.

Is the service safe?

Our findings

People we spoke with told us that they felt safe at all times, including when staff provided any support or care. One person said, "Oh indeed, staff keep us safe and they check things to make sure we are safe." Another person told us, "I always feel safe, all the time." A relative said "Everyone is supported to be safe. Staff are really good." Everyone we spoke with about safety told us that the staff team made sure that they were safe. All staff that we spoke with had an understanding of different types of abuse and spoke confidently about discussing such matters with other staff and the manager.

Staff also understood whistleblowing and confirmed that they worked together and always spoke openly about all issues. People who used the service had information and telephone numbers of agencies they could speak with if they wished. Our conversations with visitors at this time confirmed this. Two people told us that they had never had a concern and that they spoke with staff at all times to discuss anything they needed clarity on or assistance with.

We reviewed four care plans that contained risk assessments and clear actions for staff to undertake to reduce or eliminate any risks. Risk assessments covered areas such as allergies as well as any action staff may have needed to take if a person became anxious about any matters. The information recorded in plans supported the safety of people and ensured staff had sufficient information to protect people from harm.

Staff had appropriate training regarding the safe storage and administration of medicine, in line with current guidelines. This training was regularly refreshed to ensure practices were current. A review of the medicine administration records sheets evidenced that staff completed records correctly and these were up to date. Any pain relief or medicines taken as required (PRN) were recorded to ensure that staff were fully aware of exactly what medicines people took and what amount had been given. Regular audits and spot checks of medicines were completed. We reviewed documents that evidenced that this was a regular practice.

Any incidents or accidents were fully recorded, monitored and addressed for the safety of people. These were regularly reviewed by the manager.

Regular audits of the premises made certain that all areas were safe and well maintained. The service was brightly lit and decorated, on our tour of the premises we noted that the building was free from any obstacles that may present a risk. Fire signs and exits were clearly and appropriately on display throughout the premises. There were regular fire drills completed and recorded to ensure the safety of people during such an incident. The fire alarm systems were also checked regularly and discussions with members of staff confirmed this. When any specific equipment was needed for an individual, this was regularly serviced.

Staff told us that they felt there were enough staff to meet the needs of people who lived at the service. The staff rotas reflected regular staffing levels and we observed staff providing support in a calm and unhurried manner. This showed that staff were able to meet people's support and care in a safe way. People we spoke with who used the service, as well as visitors, told us that they always felt that staffing levels were adequate. One person told us, "I never have to wait long for the door to be opened and we are always greeted with a

smile. I have never felt that there is a staff shortage. I would talk to the manager if I felt that."

Is the service effective?

Our findings

People who used the service told us that the staff knew what support they needed and they had the knowledge to support them appropriately. One person told us, "All the staff are brilliant, they know me and always offer assistance. They know when I want to be on my own too." Another person said, "They [staff] are all like friends to me, they are wonderful. Nothing is too much, they deserve a medal."

Staff we spoke with told us that they had received a full induction into the service when they had first been employed. They confirmed that they had completed training during this time, such as safeguarding and moving and handling. Staff had been given time to get to know people who used the service. They had worked with an experienced member of staff until they were able to competently work alone. This was again confirmed when we reviewed staff files. These practices supported people who used the service to get to know a new member of staff before support was provided by this person.

We saw that the training records showed that regular training was undertaken by all staff. Knowledge was updated when needed and staff told us that they were able, and encouraged, to ask if any additional training subjects would be beneficial to their role. Training included such areas as the safe handling of medicines, health and safety and infection control. This meant that the staff team were appropriately trained to carry out their role within the service. One visitor told us that they felt, "Staff are chosen very carefully here, they clearly need to fit in with everyone and treat people with consideration and dignity. They are brilliant staff." One person who used the service told us, "Staff know my routines and what I like. They know me very well indeed." Staff were trained in dementia care and in the handling of aggressive behaviours.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

Staff we spoke with had a thorough understanding of the MCA and about the principles of depriving a person of their liberty. However, there were no applications in place at this time under DoLS. This meant that people were supported to make their own decisions and assessed to ensure they had the capacity to do so. When we spoke with people who used the service, they confirmed that they were included in any decisions about their care and support and staff always asked before they carried out any care or assisted a person. One person told us, "Staff do ask constantly, they are very polite and considerate like that. I decide what I do." The manager explained that people were admitted to the service and were assumed to have the capacity to make decisions. They told us that people were active and able to access external services as they

wished. If a person came to a time where they required full time nursing care, then an alternative service would be located that met their needs. The manager told us that if a person lost capacity, then support and care was for as long as this was possible for the person and for other people who used the service.

A family member told us about the review of care plans and that staff really took time to make certain they had details about the preferences and choices of people on file. They also commented about staff communication and just how staff worked together to meet people's needs, they stated that staff always asked before they undertook any support or care.

Records, and our discussions with people, showed that healthcare professionals were accessed as needed. For example, district nurse, chiropodist and doctor. One person was not feeling quite themselves at the time of our inspection. We noted that staff discussed this and monitored the individual, stating that they would speak with the person about seeing a doctor if it continued.

We saw that food was not only appetising, but was served as a 'silver service' meal as it would be served in a hotel. One person seated at the dining table said, "We have wonderful food, we can have anything we ask for but the served meals are very good." Two other people who used the service told us that staff would ask if everything was alright if people did not eat the usual amount of food. They also said that anything they wanted to eat, they just asked and staff dealt with this. Staff offered alternatives and spoke with the person to make sure there was nothing else the staff could do to assist. Any specialise dietary or cultural needs were met and people were able to have the food they liked.

A variety of drinks were readily available and offered to people throughout the day to ensure they were hydrated. Our discussions with people who used the service showed that they also enjoyed an alcoholic drink when they had chosen, this was especially enjoyed at meal time we were told.

Is the service caring?

Our findings

People who used the service, and visitors we spoke with, made very complimentary comments about the service and the staff. Positive relationships were developed with people who used the service, as well as with their visitors. One visitor told us, "Staff seem like our family, they are so caring and we know [person who used the service] is well cared for. Staff are excellent."

One person who used the service said, "I cannot praise the staff enough, I could not feel more content anywhere. They know if I feel a bit low, they just all seem to care so much." Another explained, "My wardrobe was bursting and staff took a long time to go through my clothes with me and tidy my wardrobe, it was amazing, I could see everything. They know how I love buying clothes."

People told us that they were more than happy with the support and care that they received. One person said, "They [staff] listen to people and really understand so much. They do all they can in all areas."

We noted that previous comments obtained from questionnaires received about the service included such statements as, "Staff know the current position of all the residents" and "All are certainly effective and caring". A visitor told us when we asked if the staff were caring, "Oh what can I say, it is excellent. I was asked if staff were telling me enough and keeping me informed." Another comment was, "Residents are very well cared for."

There were regular meetings for people who used the service as well as for their relatives or visitors. People who used the service had their meetings chaired by a relative to generate a feeling of open discussion without staff present. These meetings updated people of any developments within the service and again allowed them to discuss their feelings openly. All meetings were minuted and any actions required were recorded.

Care plans reflected the daily choices of people regarding their routines and preferred times of getting up and going to bed. One person who used the service told us, "I can stay in bed until I want, staff care about how we feel each day." Records showed that information was passed to staff about any person who had specific choices about their routines. This supported people's choices on a daily basis and one person said, "I can do whatever I want, staff make sure I am alright."

Staff told us about one person who had previously left a letter for staff stating the following, "Crown House is second to none. It is a home from home. If I do not get to heaven, I have had a taste of it here."

Is the service responsive?

Our findings

We saw that one person, who had returned after a walk with family, said they did not want lunch. We noted that staff discussed this quietly with the members of the family, asking if there was anything wrong. As it was a salad that the person usually enjoyed, staff decided to store this in the fridge for later. They said this was in case the person wanted to eat this later as they liked this particular meal so much.

Care plans contained detailed information about any support needs that people had, what they wished to aim for or achieve and also what they enjoyed or disliked. This provided a clear picture of the person, how they liked to be addressed and precise details of any particular areas that needed specific attention, such as night routines or what size meal a person preferred. Statements for staff reinforced the need to consider the dignity of people at all times. For example, we noted that one care plan stated 'can be confrontational' and that instructions were, "All staff to respect this person's wishes to live the way the [person] decides."

Each person had a detailed support plan that included such information as how a person liked to spend their time, what their goals were and how to appropriately support each person. These areas of knowledge meant that staff had a picture of the personality of each person and not just their physical routines and needs.

Our discussions with people who used the service showed us that they were supported to join in a variety of activities, both inside and outside of the service. Some activities that had been enjoyed included scrabble and board games, outings and local places of interest such as Rutland Water. One person explained, "We can do what we like and there is always something going on here."

People were provided with information about how to make a complaint. People we spoke with told us that they had not had cause to make a complaint. People spoke with staff about any worries they had, family and visitors also confirmed this. People told us that staff worked openly and that they felt able to talk with staff as they were always welcomed into the service. Our observations throughout this inspection also confirmed this was the case.

Is the service well-led?

Our findings

People told us that they felt the service was well organised, one person told us, "It is second to none." One person said, "They go the extra mile for every resident. The manager is always around and checking on us."

The management structure of the service was clearly set out, this enabled people who lived at the service, as well as visitors, to know who staff members were. There were clear lines of communication and regular meetings with staff, visitors and people who used service. Our discussions at this time and our review of records confirmed this. One visitor told us, "There is a very open culture that we all enjoy here, we are kept informed and I know my [relative] is in very good hands. The manager and staff do an excellent job"

People who lived at the service were regularly provided with the opportunity to share their views and be involved in development of the service. When a new person moved into the service the person chose the colour and décor for their room. People told us that they felt fully involved and informed about any new developments within the service. Family members and visitors also said that they knew that the people who used the service were aware of any plans or developments. Discussions were undertaken at meetings and people supported to discuss anything that concerned them.

Questionnaires were regularly issued to gather the views of visitors, professionals and people who used Crown House. All replies were then reviewed and collated to develop any plan of action that may be needed.

Staff members we spoke with told us that they felt supported by the senior staff and management. Members of staff told us that they were able to discuss things as they occurred either directly or in supervision meetings. They had no problem with speaking out if they felt this was needed and were confident about expressing views regarding the development of the service. We saw from records that staff meetings and supervisions took place regularly and that all staff were involved in how the service was run.

There were regular audits completed for the premises and also of the records that were held. These audits included safety and quality audits, observations of staff practices and areas such as the handling of medicines and storage. Support plans were reviewed three monthly or as needed. Three monthly meetings were also undertaken with the local doctor to review the health needs of people who used the service. This showed us that the management regularly monitored the service that was provided to ensure that the standard was as planned. These audits also highlighted areas that may require improvement.

The senior staff members were aware of their legal responsibility to notify the Care Quality Commission of any deaths, incidents and injuries that occurred or affected people who used the service. This was part of their registration requirements.