

Crownwise Limited

Crownwise Limited - Parkview

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 5 and 9 March 2018 and was unannounced.

Crownwise Parkview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Parkview accommodates up to seventeen people in one large house over three floors, in the London Borough of Lambeth. At the time of the inspection there were 15 people using the service.

The service had 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 2008 and associated Regulations about how the service is run.

The service was inspected previously on 15 and 18 November 2016 and was given an overall rating of 'requires improvement'. This was because the service failed to provide staff with adequate guidance on how to manage identified risks. The service also failed to ensure staff received adequate support through regular supervisions, annual appraisals and necessary training to enable them to undertake their duties effectively. The service did not have robust systems and processes in place to identify pitfalls in the quality and safety of the service delivery.

At this comprehensive inspection we found the provider had made improvements to the service in relation to risk assessment guidance, staff training, support and auditing processes.

We made a recommendation in relation to the management structure at the service.

Systems and processes in place identified risks and gave staff clear guidance on how to mitigate those risks. Risks were reviewed regularly to identify trends, patterns and positive behavioural plans were then implemented.

People were protected against the risk of harm and abuse. Staff were aware of how to identify, report and escalate suspected abuse and were aware of the provider's whistleblowing policy.

Staffing levels were adequate in meeting people's needs and keeping them safe. Staff received support and guidance through regular one to one supervisions and annual appraisals where they reflected on their working practices. Staff received regularly training to increase their skills and knowledge.

People's medicines were managed safely. Records indicated no errors or omissions. Medicines were stored in line with good practice and stocks and balances showed people received their medicines as prescribed.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service were supporting people in line with the MCA and found the service was working within legislation.

People's consent to care and treatment was sought prior to care being delivered. People were supported and encouraged to make decisions relating to their care, and have their decisions respected.

People's health and wellbeing was monitored and assessed for any signs of deterioration. People had access to a wide range of healthcare professionals as and when required.

People received compassionate and caring support from staff that knew them well and treated them with dignity and respect. People's right to privacy was adhered to and people had their independence monitored and encouraged.

People continued to receive personalised care, which was responsive to their needs. Care plan reviews were held regularly and where possible people were encouraged to participate in their development.

People were encouraged to raise any concerns and complaints, where possible these were dealt with informally. Official complaints were clearly documented with action taken to reach a positive outcome for all involved.

The service provided regular activities and where possible people were encouraged to access the community and had their social needs met.

Regular auditing of the service enabled the provider to take action to address identified issues in a timely manner. People's views of the service were sought through regular meetings and quality assurance questionnaires.

The registered manager encouraged partnership working with other healthcare professionals to drive improvements within the service.

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. Risk management plans document identified risks and gave staff clear guidance on how to support people safely.

Staff received on-going training in safeguarding, could identify the different types of abuse and how to report suspected abuse in line with the provider's policy.

Accidents and incidents were monitored and appropriate healthcare professionals were informed where required.

People's medicines were administered, recorded and stored appropriately.

The provider had systems and processes in place to safely manage infection control.

Is the service effective?

Good ●

The service was effective. People received support from staff that underwent regular training to meet their needs.

Staff reflected on their working practices to enhance their skills through supervisions and regular appraisals.

People were not deprived of their liberty unlawfully. The registered manager and staff knew their responsibilities in line with the Mental Capacity Act 2005 legislation. People's consent to care and treatment was sought and respected.

People had access to sufficient amounts of food and drink.

Is the service caring?

Good ●

The service was caring. People received support and guidance from staff that knew them well and treated them with respect.

People's equality, diversity and human rights were encouraged and promoted.

People's independence was encouraged and support was

delivered in line with their dependency needs.

Staff were aware of how to maintain people's confidentiality. Information was shared only with people who were authorised to have access to it.

Is the service responsive?

Good ●

The service was responsive. People's care plans were person centred and detailed sufficient information about their life history, health, medical and mental health needs.

People had access to participate in various activities, based both in the community and in-house.

Information was made accessible to people in line with the Accessible Information Standard.

Complaints were managed in a way that sought a positive outcome for all concerned.

Is the service well-led?

Requires Improvement ●

The service was not always as well-led as it could be. The registered manager did not always have effective support and time to carry out his role and responsibilities.

The registered manager undertook regular audits of the service to drive improvements. Issues identified were then actioned in a timely manner.

People's views were sought through quality assurance questionnaires.

The registered manager actively encouraged working in partnership with other healthcare professionals.

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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 checked 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 5 and 9 March 2018 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. For example, feedback from members of the public and healthcare professionals and the Provider Information Return (PIR). A PIR is a document the provider sends us, to share key information on how what the service does well and any areas of improvement they plan to make. We also checked the notifications sent to us by the provider of any incidents and accidents that had taken place.

During the inspection we spoke with four people, one relative, two care staff, the cook, the registered manager and the provider. We looked at four care plans, complaints file, four medicines records, four staff files and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 15 and 18 November 2016 we found risks to people were not always managed in a way that prevented them from happening or reduced their impact. We identified instances of incidents that related to aggressive and challenging behaviours whereby staff had not dealt with them appropriately and promptly in a manner that deescalated the situation or prevented it from happening. We also identified although staff received training on managing challenging behaviour, they did not have sufficient knowledge of support people properly during times of heightened anxiety. Thus resulting in people being a risk to themselves and others.

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we identified the provider had taken action to address our concerns. A healthcare professional told us, "I wasn't initially happy with the risk assessments a few years ago but they've made improvements since then." Staff received training in challenging behaviour and break away techniques and told us they felt confident in supporting people during times of heightened anxiety. Staff also told us and records confirmed, after each incident staff were involved in a debrief session which enabled them to reflect on what happened and what they could have done differently to obtain a positive outcome. Both staff we spoke with confirmed the de-brief sessions were helpful in gaining perspective and support from their team post incident. During the inspection we observed one person displaying behaviours others may find challenging. Staff reassured the person and gave them space and time to communicate their frustrations before offering guidance and support. The approach used by staff enabled the person to initiate self calming and their behaviour deescalated, in a safe and timely manner.

The service undertook behavioural monitoring in line with guidance from healthcare professionals. We reviewed antecedent, behaviour and consequence (ABC) charts were in place for people where required. This enabled the service and other healthcare professionals to identify trends and patterns in people's behaviours, so that they could implement behavioural strategies to minimise escalation in behaviours. Reviews of people's behaviour were held during care planning meetings and as and when required. This enabled the team to highlight any deterioration in people's mental health, learn from incidents and seek guidance from the mental health teams.

People were protected from the risk of identified harm. A healthcare professional told us, "I wasn't initially happy with the risk assessments a few years ago, but they've made improvements since then." The service developed detailed risk assessments that identified known risks and gave staff guidance on how to keep people safe when faced with those risks. Risk management plans covered, for example, falls, wandering, mental health, risk of financial abuse and self neglect. We reviewed the risk assessments for people and identified where appropriate these had been reviewed inline with healthcare professionals. Although we had seen an improvement in risk management plans, we identified one risk assessment that did not contain adequate information and guidance for staff to keep the person safe when accessing the community. We raised our concerns with the senior staff and registered manager, who reviewed the risk management plans

and implemented clear and concise guidance for staff. We were satisfied with the action taken.

Staff had adequate knowledge of the different types of abuse, how to identify them and the providers policy on reporting suspected abuse. One staff member told us, "I would reassure the person, document it and report it to the registered manager. If [registered manager] didn't do enough, I would whistleblow and contact safeguarding." Staff told us and records confirmed they received training in safeguarding.

People received support from adequate numbers of staff to meet their needs. Since the last inspection the provider had increased the staffing ration within Parkview. One staff member told us, "We now have more staff on at all times, it's made a difference." We reviewed the staffing rota and this confirmed what staff told us. Newly recruited staff were only employed following adequate checks undertaken by the provider. These included, satisfactory references, photographic identification, proof of address and a Disclosure and Barring Services Check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

People received their medicines as prescribed. One person told us, "[Staff members] give me medication everyday." We reviewed the medication administration records (MARs) held within the service and found these were up to date. Stocks and balances were accurate and medicine audits took place once a day, this meant any errors could be identified swiftly and action taken to address any concerns identified. We noted the service medicines management had been inspected by the dispensing Pharmacy in December 2017 and no recommendations were identified.

The service had systems and processes in place to minimise the risk of cross contamination, through effective infection control measures. Staff received training in infection control and cleaning schedules were in place to ensure the schedules were met. The service employed ancillary staff throughout the week as a further measure in keeping the service clean, as well as an infection control policy available to all staff.

Is the service effective?

Our findings

During the last inspection on 15 and 18 November 2016 we identified staff did not receive adequate and regular support, supervision, appraisal and training as necessary to enable them to carry out their duties effectively. We were concerned that staff were not getting adequate supervision to enable them to perform their roles effectively and competently.

These issues were a breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we identified the provider had taken reasonable steps to address our concerns. Staff received on-going training to effectively meet people's needs and carry out their role and responsibilities. One staff member told us, "We have two types of training, some are face to face and some are online. Both are really good. It helps us to update our skills and techniques. If there's a change in legislation we are informed and have to redo the training." We reviewed staff records relating to training and found staff received training in, for example, safe medicines management, health and safety, Mental Capacity Act, safeguarding and challenging behaviour and breakaway techniques.

Staff received regular supervisions and annual appraisal to reflect on their working practices and improve the delivery of care. One staff member we spoke with told us, "I have regular supervisions, they're helpful to me. It's good to get one-to-one time with the registered manager to talk about things." Another staff member said, "If we have any issues from the previous supervisions we review it to see if it's been resolved. Supervisions are beneficial." Records confirmed supervisions covered, for example, what was going well, what staff found difficult, aims and goals, training and additional support required. Although staff were able to request additional supervisions staff confirmed they could speak with the registered manager at any time, should the need arise.

People received support from staff that underwent an induction to familiarise themselves with the organisation, people and expectations. One staff member told us, "There were competencies to be signed off by the senior support worker and the registered manager, this had to be done in the first six weeks. I went through the risk assessments and care plans. Staff supported me to talk to people and get to know them." Records confirmed staff completed competencies covering daily routines, care plans, training, values and expectations.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. At the time of the inspection there were two people subject to a standard DoLS authorisation. The registered manager had also submitted further standard DoLS authorisations into the Local Authority DoLS team and were awaiting the outcome of these authorisations.

People's consent to care and support was sought and their decisions respected. A healthcare professional said, "They [the service] have ways of interacting with [people] that works in order to gauge their consent." We spoke with staff who had adequate understanding of the MCA and DoLS, with one staff member saying, "We need to make sure we get people's verbal consent first. We explain the reason we are asking them to do something and if they don't give consent we document it." Throughout the inspection we observed staff seeking consent to, enter their private rooms, support them to access the community and to help with getting their money.

We received mixed feedback from people about the food and drink provided. For example, two people we spoke with told us they weren't overly keen on the food provided. We observed the lunchtime in the main dining room and found people were provided with meals they chose. Where people had cultural, religious or specific dietary requirements these were supported. For example, we noted the chef had books on how to cook Portuguese food, which reflected one person's culture. The service were also planning a Caribbean day, whereby food synonymous with the Caribbean would be provided.

Is the service caring?

Our findings

People confirmed staff delivered caring and compassionate support. One person told us, "I suppose most [staff members] are, or do I expect too much. One day [one staff member] put their arm around me whilst I was crying, very sympathetic." Another person said, "Yes. [Staff members] call me by my name." A healthcare professional told us, "I'd say the staff are friendly and warm to their clients, open and engage the clients in conversation a lot. They are compassionate and kind." During the inspection we observed staff demonstrating compassion and kindness to people, speaking in a calm manner. People appeared confident approaching staff seeking their guidance and support and both staff and people were observed sharing jokes and laughing.

The service encouraged people to express their views through general discussions, house meetings, keyworker sessions and questionnaires. One person told us, "If I want to go out, I can go out." During the inspection we observed staff seeking people's views about accessing the community, whether they wished to engage in planned activities and what they wanted to spend their money on. Staff were observed taking time to speak with people, enabling them to speak at their own pace and given time to process information provided to them and respond.

We received mixed views in relation to people's privacy and dignity within Parkview. One person told us staff members didn't always knock on their doors prior to gaining entry. However another person told us staff did knock on their doors seeking authorisation prior to entering. Staff were aware of the importance of encouraging and respecting people's privacy and dignity. We observed staff knocking on people's bedroom doors and entering only once authorisation has been given.

People were treated with equality and had their diversity respected and encouraged. People who followed specific faiths were supported to attend places of worship as and when they wished. People's cultural needs were respected and cultural based activities were provided.

The service carried out assessments on people's dependency levels, which enabled them to give care and support to meet their needs. Records indicated the level of support people required and areas they were independent in. People confirmed they could do some things for themselves and that staff were on hand to support them should this be required. Where changes to people's dependency levels were identified, information was shared with relevant healthcare professionals in a timely manner.

People's confidentiality was maintained and respected. The service had a confidentiality policy in place, which staff were aware of. Confidential records were stored in a locked office, whereby only those with authorisation could gain access to them. Records stored on electronic devices, were secured with a unique security code ensuring additional security measures were in place to protect people's confidentiality.

Is the service responsive?

Our findings

People received support that was responsive to their needs. Care plans were person centred and detailed comprehensive information that enabled staff to support them appropriately. A healthcare professional told us, "I'm involved in the reviews and care plans have improved. It feels it can take a long time to get things done and lots of meetings, but when they're done they are effective and person centred." Care plans were based on the service needs assessment carried out prior to the person moving to Parkview. Service needs assessments documented people dependency levels and suspected support required. From that, the care and support plans were derived. Care plans focused on all aspects of people's lives, for example, life history, likes and dislikes, physical health, appointments and placement reviews. Where the service had identified they could no longer meet people's needs, the appropriate healthcare professionals were informed with a view to either accessing additional support or alternative placement. We identified care plans were regularly reviewed and where appropriate people, their relatives and healthcare professionals were encouraged to help develop the care plans to meet people's changing needs.

People at Parkview were encouraged to participate in a wide range of activities, both in house in the local community. One person told us, "I cook, go to Zumba, play games and meet friends and go to a restaurant. I'm surrounded by my community." Although people were able to access the community independently, this was regularly monitored and where concerns were identified, the provider shared these with the appropriate healthcare professionals in order to gain further guidance and support. We reviewed the records provided and identified people engaged in, Zumba classes, shopping trips, Occupational Therapy Life Skills sessions, meals out and other activities. At the time of the inspection, people were being supported to go for a walk on the common and participating in life skills sessions.

The registered manager responded to official complaints in a timely manner, seeking a positive resolution for all parties. We reviewed the complaints file and found there had been two official complaints made within the last 12 months, both of which had been investigated and positive outcomes reached. One person told us, they had not had a need to raise a complaint so far. Throughout the inspection we observed people speaking with staff and the management team about areas of concern. Staff were able to address these concerns satisfactorily.

The service placed importance on ensuring people were able to understand the information provided to them. Staff told us and our observations confirmed, people were given information in a manner they preferred. For example, where English was not people's first language, staff who spoke the same language were available to support them. Another person did not always understand what people said and therefore preferred staff to write down their questions, so that they could then respond verbally. People were assessed as to their preferred method of communication and this was then implemented.

People's wishes in relation to the end of life care they wanted to receive was documented, however was not sufficient. For example, who they wished to be notified of their death, where they chose to be cremated or buried. We raised our concerns with the registered manager who informed us this was an area of work that was being undertaken throughout all the provider's services. However, there had been some delay because

of people's mental health presentation, discussions around emotive topics and how this needed to be done only when people's mental health was stable. The registered manager discussed with us their plan in ensuring the end of life care plans were completed and we were satisfied with their response. We will be checking this during our next inspection.

Is the service well-led?

Our findings

At the last inspection on 15 and 18 November 2016 we identified systems and processes in place were not robust enough to identify pitfalls in the quality and safety of the service provided to people. For example, notifiable incidents were reported to the CQC however these were not always analysed to show patterns and trends in the service and thereby used to identify gaps in staff knowledge and experience so appropriate training and support could be put in place. Also, we found that there were no systems in place to enable staff to reflect on incidents that had occurred to ensure they learnt from it to improve their experience and quality of service provided to people.

This was a breach of regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also made a recommendation that the provider conducts a review of the team structure to improve the organisation and effectiveness of the service.

At this inspection we identified the provider had taken action to address our concerns in relation to identifying pitfalls in the quality and safety of the service. Reviews of incidents and accidents had taken place, and where appropriate action taken to provide additional training, guidance and support for staff. Regular debrief sessions following all incidents and accidents meant that immediate review of incidents and how these were managed were carried out. One staff told us, "We have post incident discussions, all staff are involved and we look at what happened, what to do next time and why it happened. We can then review the control measures and prevent it from happening again." Through the regular review of antecedent, behaviour and consequence charts, regular audits and debriefs, this enabled the provider and registered manager to identify pitfalls and take appropriate action.

At this inspection we found that although there had been a review of the structure of the service and changes implemented, these did not allow the registered manager adequate support to ensure the effectiveness of the service. A healthcare professional told us, "I think he's [registered manager] really good with the clients. I do think he's over worked and struggling with the paperwork. I think the senior staff could support him more." We spoke with the registered manager and staff who told us they felt it would be beneficial if there were additional senior staff to further enable the management of the service. We identified the registered manager had delegated various responsibilities to senior staff members, however this still did not give him sufficient time to ensure all tasks were completed in a timely manner. For example, changes to the new risk assessment templates, end of life care plans, care plan templates. We identified the registered manager played a pivotal role in both the day to day managing of the service, but was also hands on with people living at the home and was therefore frequently hurried.

We recommend the service conducts a review of the team structure to improve the organisation and effectiveness of the service.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely

manner.

The service carried out regular audits to drive improvements. Audits covered, fire safety, environment, care plans, behavioural monitoring, accidents and incidents and medicines management. The registered manager then completed a manager's monthly report which was reviewed by the provider, who then undertook their own audit of the service. Issues that had been identified were then added to an action plan, for example, fire safety glass replacement as advised by the Fire Authority and action taken to address these.

Quality assurance questionnaires were regularly undertaken to gather feedback on the service. These covered fire prevention methods, general décor, cleanliness, standard of care and choice. We reviewed the completed questionnaires from December 2017 and found these contained both positive and negative ratings, for example, negative ratings included, activities and laundry. Whereas the positive ratings included areas such as, professionalism, privacy and entertainment. We also reviewed the five responses from the visitor satisfaction survey, and found all responses were positive.

The registered manager sought partnership working to drive improvements. A healthcare professional told us, "They are good at sharing information, they may need a bit more information about what information is useful to us. They do inform me of any incidents." Partnership working included for example, mental health team, social workers and care co-ordinators. Records confirmed guidance and support provided by healthcare professionals was implemented into the delivery of care.