

Crownwise Limited

# Crownwise Limited - Streatham Common South

## Inspection report

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Date of inspection visit:  
12 January 2018

Date of publication:  
19 February 2018

### 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 12 January 2018 and was unannounced.

Crownwise Limited - Streatham Common South 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.

Crownwise Limited - Streatham Common South is a care home for six people with mental health needs. At the time of inspection there were five people living at the service which is located on the ground and basement floors of a detached house.

At the last inspection the service was rated Good, at this inspection we found the service remained Good.

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.

Staff followed adult safeguarding procedures to support people from potential harm and abuse. Fire safety instructions and equipment were available for staff to use in the event of fire. There were enough staff to support people with their care needs. People received their medicines in line with good practice. Staff made appropriate records to monitor the incidents and accidents occurring. Infection control procedures were in place and followed by staff to prevent infections. However, we found the communal bathrooms requiring cleansing.

Staff supported people to manage risks around their daily living. However, some risk assessments were not in place to ensure that people were safe to take part in activities of their choice. We made a recommendation about this.

Staff followed the service's policies and procedures to ensure people's wellbeing. Staff regularly attended training courses to support them in their roles and responsibilities. People's nutritional needs were assessed and people made choices about what and where they wanted to eat. Staff supported people access health care professionals who monitored and maintained their health needs. People lived in the premises that met their care and support needs. Person centred assessments were carried out when people were first referred to the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were aware of what was important to people. People's views were listened to and people made choices about the activities and social events they wanted to take part in. Staff were respectful towards

people's care and support needs. People were treated with dignity and staff encouraged people's privacy. Staff monitored people's progress in learning new skills to increase their independence.

Staff followed people's care plans to meet their individual needs. People were involved in planning their care and support needs. Regular group and one to one meetings were facilitated to gather people's views and make decisions on the care they wanted to receive. People and their relatives were provided with opportunities to share their experiences and to provide feedback about the service.

People and their relatives told us the management team was approachable and available to speak to when needed. Staff received support from the registered manager to carry out their duties as required. They were involved in the running of the service and were well informed about the service's activities. Staff were encouraged to learn new skills in their role. People's care records were suitably maintained and audited as necessary. The service worked in partnership with other agencies to provide people with person centred care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Crownwise Limited - Streatham Common South

## **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 12 January 2018 and was unannounced. The inspection was carried out by one inspector and 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.

Before the inspection, we viewed the information we held about the service, including statutory notifications received. A notification is information about important events which the service is required to send us by law.

During our visit we spoke with four people living at the home. We also talked to the provider, team leader and senior support worker. We reviewed four people's care plans, including risk assessments, two staff files, medicine administration sheets, training matrix and other records related to the management of the service. We observed staff's practices and interactions with people living at the service.

After the inspection we contacted two relatives and a healthcare professional for their feedback about the service.

## Is the service safe?

### Our findings

People felt their medicines were well managed by the staff team. One person told us, "Staff help me, I take medication when I need it." Another person said they were "always" receiving their medicines on time.

Staff followed adult safeguarding procedures to protect people from the risk of abuse. Staff told us about the signs that could be an indication of people being potentially harmed, for example changes in people's behaviour. Staff said they reported their concerns to the registered manager for them to take appropriate action to ensure people's safety. There were clear procedures on how to report, record and monitor a safeguarding concern raised. On the day of inspection a safeguarding concern was reported to us and the service took appropriate actions to support a person to stay safe.

Staff carried out risk assessments to identify any risks to people's safety and how these could be reduced. The risk assessments covered areas such as finance management and personal care. People's care plans were linked to the risk assessments which provided staff with guidance on how to minimise the risk of harm to people. Although the risk assessments had information on the severity of the risks, it had not assessed the likelihood of the risks occurring to determine the impact of risks on people. We found that people were not working towards self-administering medicines. The provider told us this was because of the risks related to people's mental health needs. However, the risk assessments were not in place for this. The staff team told us about the restrictions in place, we saw guidance for staff on how to discourage people from smoking in their rooms and we were assured that staff knew how to mitigate these risks. However, the risk assessment documents were not available.

We recommend that the provider seeks guidance on best practice in relation to risk assessments and documenting risks.

The service provided enough staff to support people when they required assistance to carry out tasks. Staff rota reviewed showed there were two staff members in the morning and afternoon to attend to people's care needs as necessary. Some staff were doing double shifts. We discussed this with the provider who told us and staff had confirmed that they were in agreement to carry out long shifts as it suited their personal circumstances. The service used regular agency staff to provide cover which meant that people were supported by staff who knew their care needs well.

Staff followed safe medicine administration procedures to ensure that people took their medicines as prescribed. The medicine administration records (MAR) were suitably maintained, signed and up-to-date. People's medicines were stored and disposed of according to the service's policies and procedures. People had support from external agencies to support them with their medicines, including regular injections and medicine reviews.

Staff were aware of their responsibilities regarding infection control and followed service's policies and procedures to ensure that people were safe from infection. Staff wore gloves to provide hygienic care for people. We saw the cleaning materials being kept safely and in a lockable cupboard to ensure people's

safety. However, we observed that the communal bathrooms were not kept clean and hygienic. We saw the bathroom floor, tiles and shower were dirty which made it unpleasant to use. The staff team told us the bathrooms were cleaned daily. Records showed the registered manager had regularly checked the cleanliness of the property. In the most recent audit it was noted that a recording system would be implemented to make sure the bathrooms were cleaned appropriately. At the time of inspection staff told us the checklist was not in place yet. After the inspection we contacted the registered manager about this and they provided us with evidence of the checklist being used by the staff team. We will check this at our next inspection of the service.

We observed bird droppings outside the property and discussed this with the management team. They told us they approached a pest control service for advice on how to control and manage these on-going concerns.

The service had systems in place for recording and reporting incidents and accidents. Staff told us they used an 'Incident record' for recording information about the incidents taking place. This meant that information was not missed. They also notified all the relevant parties to ensure that information about the incident was passed on to those who were involved in people's care, for example their next of kin and social worker. The staff team used a book to monitor the incidents taking place. Staff had to read the book before the start of their shift to ensure they were aware of what had happened and actions taken to protect people from poor care.

The service put measures in place to ensure people's safety in the event of fire. We viewed a Fire risk assessment report, dated August 2017. The management team told us that the recommendations made in the report had been completed or were in the process of being done. People had personal emergency evacuation plans which ensured they were provided with the necessary support to leave the building in the event of fire. Records showed that staff regularly attended fire safety training and were aware of the protocol for emergency procedures. Fire safety instructions were visibly displayed for staff to follow if required. Fire exits were clearly marked and the fire safety equipment was available for staff to use as necessary.

## Is the service effective?

### Our findings

Family members told us the staff team had the necessary skills to support their relatives. One relative said, "Staff done all the right training, they say all the right things." Another relative told us, "As far as I know they [staff] are trained."

Systems in place were in line with legal requirements. The service provided staff with policies and procedures to ensure consistent care for people. We viewed the policies and procedures for safeguarding vulnerable people and complaints received which were in line with legislation. The policies and procedures were held in the service's office and easily accessed by the staff team. We found that staff were aware of and followed procedures to support people whose behaviour could challenge the service.

Staff had the necessary training for their post. Staff told us the training provided had met their role expectations. One staff member said, "We receive very good training, it's on-going and when we need it." Staff were regularly booked to attend mandatory training courses, including health and safety, first aid, basic life support, mental health and medicines management. The service used a training matrix to monitor the training courses attended by staff which ensured that all staff had the training they required. Records showed the management team had carried out regular one to one supervision and appraisal meetings to provide staff with opportunities to identify their on-going developmental and training needs.

People had support to meet their nutritional needs. People told us they liked the meals provided for them. We observed that people were given a choice of what they wanted to eat. This included people being supported to have their cultural meals. The service employed a part time chef to ensure that people had a variety of meals offered to them. People chose where they wanted to have their meals, which included their rooms. People were also encouraged to cook for themselves.

People had their individual needs assessed when they were first referred to the service. The management team carried out initial assessments to determine people's care needs and if the service was able to offer the support they required. People were offered to visit the home if the placement was suitable for them. This helped people to make a decision if they wanted to live at Crownwise Limited - Streatham Common South. People told us the staff team had asked them about the assistance they required and how they wanted to be supported. This information was included in people's care plans to ensure that the support provided to people was in line with their choices.

People had their health needs identified and were supported by staff as necessary. People told us they received support with their health needs when they needed it. One person said that staff took them "twice to the GP around the corner" when they were not feeling well. Staff supported people to monitor their health needs. Care records showed that people had appointments attended with an optician, dentist and GP for regular check-ups.

The premises provided for people were meeting their care and support needs. People said they liked living at Crownwise Limited - Streatham Common South. Most of them had lived at the service for a long time. One

person said, "I am happy living here." People had their own rooms where they kept their personal belongings safely and spent time on their own when they wished to. Some of the rooms had en-suite showers and toilets for easy access. People used the garden and lounge areas if they wanted to spend time socialising or to accommodate visitors.

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 was working within the principles of the MCA. We found that staff had knowledge and applied the MCA principles in practice. Staff were aware of the MCA process and told us they approached the registered manager for support if people were not able to make choices for themselves. One staff member told us that a mental capacity assessment, followed by a best interests decision meeting had to be carried if a person's capacity was doubted and they required support to make a decision. At the time of inspection people had not required support in relation to the MCA as they had capacity to understand and make decisions.

## Is the service caring?

### Our findings

People told us the staff team attended to their care needs with respect. One person said, "They [staff] are quite nice." A family member said, "This is one of the best places [the relative] has been in." Another family member told us, "Staff there [at the service] at the moment are lovely." A healthcare professional described staff as "caring and supportive."

Staff were aware of people's preferences and personal histories. Care plans included information on what was important to people, including their background and family contacts. We observed staff using this information when communicating with people, for example discussions took place around the support a person required to arrange a family visit.

People were asked about the activities they wanted to take part in. One person told us about their preferred activities, "We had a holiday in Eastbourne... I listen to music, relaxing music... I can watch DVDs." A family member said the staff team organised an overnight stay birthday party for their relative that involved "hats and streamers" which they enjoyed. Staff told us the activity plans changed regularly based on the choices people were making and their personal circumstances. The service provided daily, weekly and monthly activities for people to choose from. People also had a choice to join in group activities or have one to one sessions with a staff member. The activity plan included activities in the community, for example going out for a meal or shopping. People were regularly invited to the sister home for the same provider for social afternoons, including birthday parties and karaoke. This encouraged people to socialise and build relationships.

Staff promoted people's dignity and respected their rights. People felt their privacy was respected. One person said, "They [staff] always knock on your door before asking to come in." A staff member told us they respected people's decisions even if they didn't agree with it. Another staff member said they closed doors and asked people's permission before they started assisting them with personal care. We observed staff being patient and using language that people understood, for example easy to understand and short sentences. Staff referred to people by their first name.

People were supported to learn new skills to increase their independence. Staff assessed the support people required with daily living skills and put support plans in place to ensure they were regularly encouraged to undertake tasks for themselves. Staff monitored people's progress in carrying out the activities for themselves. Daily record showed people's involvement in the activities. These included taking care of their laundry, cooking and room management. Records showed that people had regular contacts with healthcare professionals to review their care plans. This ensured that any changes required were discussed and acted upon as necessary.

## Is the service responsive?

### Our findings

Staff were responsive to people's care and support needs. Relatives told us the staff team were quick to take actions when people required assistance.

People made choices on how they wanted to be supported. Systems were in place to gather people's opinions which provided people with opportunities to express their views and make decisions. The service facilitated monthly service user meetings for people to talk about their expectations of the service and make group decisions. People also had one to one meetings with staff to discuss their individual needs and achievements. These included service user consultations, service user discussions and key worker sessions. The outcomes of these meetings were reviewed by the staff team making sure people's views were taken into account and acted upon as necessary. For example, in one of the meetings discussions took place about a person's future goals and the support they required to achieve them.

Care records were robust and updated regularly. Staff were aware of people's individual care needs and told us how they supported people to ensure their safety. Care plans had information on people's care needs in relation to their physical and mental health, personal care and social relationships. The care plans also included guidelines on how to support people with their individual needs. For example, there was a contingency plan in place for staff to follow if a person displayed challenging behaviour to others. This meant that the support provided for people was consistent and met their care needs. However, we found no information recorded on people's end of life wishes. The provider told us this information was previously but not currently included in the support plans and they would look into having these discussions with people again.

Relatives and people told us they knew who they could speak to if they had any concerns about the service. One person told us they felt "generally" listened to if they raised any complains to the staff team. Relatives noted that they would know if their family members were not happy with the support provided and would raise their concerns with the management team. There were no current concerns raised about the care being delivered to people.

People, relatives and healthcare professionals were regularly asked to provide feedback about the service. We viewed the feedback surveys completed in 2017. The responses were positive and people were satisfied with the care being delivered to them.

# Is the service well-led?

## Our findings

People and their relatives told us the management team was approachable and they felt free to talk to them when they needed to. One person said the registered manager was "quite good." A family member said, "Dialogue between us and the owners is excellent." Another relative told us the service was "run quite well."

The service had a registered manager in post. On the day of inspection the registered manager was not at the service. We approached the provider and the staff team for information we required for this inspection. We found the staff team were well informed about the running of the service. They were aware of the service's policies and procedures and the systems used to attend to people's care. This was also evidenced when we called the service for information about the Notifications sent to CQC. Staff provided us with detailed accounts and update on the reported events. This meant that the service encouraged staff's involvement in delivering good care for people.

Staff told us they were well supported by the registered manager. One staff member said the registered manager "is listening to whatever we [staff] say and changes had happened since the manager is in post." Staff felt positively about their role and took additional responsibilities to learn new skills. Staff members were nominated to take the lead for arranging activities for people, managing medicines and people's shopping.

The staff team were aware of their responsibilities at the service and carried out their duties as required. There were systems in place for staff to share information efficiently. Team meetings were carried out regularly to discuss the service's good practice and any concerns staff had about the service. Staff told us they raised questions to make improvements at the service, for example in relation to fire safety. There was time allocated between the shifts for staff to share information about the activities taking place at the service, including appointments that people were required to attend. This meant that staff that had up to date information about people's support needs.

Quality assurance systems were in place to monitor people's care. The registered manager and the provider had carried out regular compliance audits at the service to identify areas for improvement and to ensure that the records were suitably maintained. These included care plans and daily checklists reviews. Staff also undertook daily checks making sure that the care provided for people was safe, including fridge and freezer temperature and kitchen equipment checks.

The service worked in partnership with other relevant agencies to provide the necessary support for people. Records showed that the staff team had regular contacts with local authorities, clinical commissioners and multidisciplinary teams. Information was shared on a need to know basis to provide people with person centred care. Staff used a summary of people's care and support needs to inform medical staff quickly when required, for example in an emergency situation.