

Mr & Mrs Michael 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

Crown House Care Home provides care and support for up to 22 elderly people. At the time of our inspection 19 people were using the service. It is an extended and adapted luxury 17th century coaching inn.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. 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 received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions and observed practice.

People were able to make choices about the food and drink they had, and staff gave support if and when required to enable people to eat a balanced diet.

People were supported to access a variety of health professionals when required, including opticians and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service

well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure which was accessible to all.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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 comprehensive inspection visit took place 06 December 2018 and was announced.

It 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider including notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. No concerns had been raised.

During our inspection visit we observed how staff interacted with people who used the service. We observed lunch, medicines administration and general observations.

We spoke with six people who used the service and three relatives of people who used the service. We also spoke with the registered manager, an assistant manager, a senior care assistant, two health care assistants and two chefs.

We reviewed two people's care records, four medication records, three staff files and records relating to the management of the service, such as quality audits and complaints.

## Is the service safe?

### Our findings

There were systems in place to protect people from avoidable harm. One person said, "Safe? Good lord yes. There's always someone around and I can come and go as I please." Staff had received safeguarding training and knew how to report any concerns. One staff member said, "If I caught a staff member abusing someone, I would remove them from the situation, check the person was alright and then report it."

People had individual risk assessments in place to help keep them safe whilst allowing them to be as independent as they were able to be. Risk assessments were in people's care plans and had been updated and reviewed monthly.

Staff had been recruited following a robust process. Staff files were seen to contain the expected checks to ensure they were suitable for the type of work. Staff told us they had not started to work before they had been cleared to do so. New staff had received an induction and training before shadowing a more experienced staff member. Only after they had been deemed as competent by the registered manager were they able to work alone.

There were enough staff with varying skills on duty to provide support to people and meet their assessed needs. Everyone we spoke with told us there was always enough staff. The registered manager said, "We always over staff, and I will put more staff on duty if anyone is poorly or needs extra care." Staff told us there were always enough of them. Staff were observed to have time to spend chatting with people and were not rushed.

Medicines were safely managed. One person said, "I need to have a lot of tablets, nine at breakfast, three at lunch and more in the evening. They always come on time, with a drink, they're patient with me and make sure I'm alright taking them." Medicines were stored securely in a locked trolley which was stored in an office which was kept locked when not in use. Each person had a profile which detailed their medicines and allergies. Most medicines were supplied in a blister pack. Medication Administration Records (MAR) were seen and no errors found. MAR charts and medicines were checked daily by the senior staff member on duty. This ensured any errors would be found immediately.

Crown House was visibly clean and concerns were not identified in relation to infection control. People and their relatives commented that the home was clean and tidy. The provider employed housekeeping staff. There were plentiful supplies of Personal Protective Equipment (PPE) for staff use. Catering staff had received appropriate training to enable them to prepare, store and serve food hygienically.

The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers when required.

## Is the service effective?

### Our findings

People's needs had been assessed prior to admission. Care plans showed this had taken place and involved the person and, where appropriate, their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, continence, personal care, nutrition and skin care.

Staff told us they had received training appropriate to their roles and gave examples. They commented that the training was of a good quality. One staff member said, "Some training is done here by people who come in, some is by workbook." One staff member told us they were training to be a senior and they had been well supported during this. People and their relatives told us the staff were well trained. Observations showed that staff were able to use their skills and experience to meet people's needs.

Staff said they received regular supervision and an annual appraisal. They also said they felt supported by senior staff. For example, one member of staff told us, "We have regular supervisions by the registered manager or assistant manager."

People were supported to eat a balanced diet. A relative said, "The food's first class. The presentation is always immaculate which makes it look even more appetising. Father chooses to eat in his room now, he's got a problem with his teeth so chef has worked out a diet that meets his needs – not just bugged in the liquidiser. He always had his meals in the dining room before he became poorly – they always have a choice of starters, main with plenty of vegetables – it's silver service so he could choose how much he wanted. They offer choices of sandwiches at supper – not just sliced bread with a bit of meat – choice of white or brown bread, crusts cut off, served as a triangle so it's easy to eat. They garnish the food beautifully – say salad with meat, celery with cheese, raspberry or strawberry with jam – looks beautiful. He does enjoy his cup of Horlicks last thing before he goes to bed."

The chef told us the menu was devised with people and they knew people's likes and dislikes. They told us the menu could be changed if people wanted different things. The registered manager told us food was fresh and they used the local shops for their supplies. We observed lunch which was a pleasant social event.

People were supported to access additional healthcare when required. Within care records we saw that people had been referred for additional support in a timely manner when a change in their health had been identified. The registered manager told us the GP visited twice a week and any additional times when requested.

The provider employed a physiotherapist to work with people to keep them as mobile as they were able to be and to carry out exercise sessions. This also helped with falls prevention.

The premises had been extended and adapted to provide a suitable home for the people who lived there. There was a secure garden area which we were told had been enjoyed in the summer and different areas where people could go to be alone or with 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

Within people's records we saw capacity assessments had been carried out. Everyone had been assessed as having capacity. Staff had a good understanding of MCA and DoLS. We observed consent being obtained throughout the inspection.

## Is the service caring?

### Our findings

We observed people being treated with kindness. One person said, "Caring? Quite simply first class. They put me at the centre, I never feel as if I'm a 'task' but that they're helping me to live my life as I choose. It's the anniversary of my wife's death this week – the staff know that and are being particularly sensitive to me at the moment - I really do admire their compassion and support." A relative said, "This is a real 'care home' – it's my father's home, and they all care for him as if he was their own father or grandfather! I've been to lots of other homes and this one is exemplary. I can't speak highly enough of the way staff care for and support him. They know his ways – he does flirt a bit with them and they respond in kind (very professionally of course) – they enjoy a really good relationship. I see lots of good things but the way they seem to tailor care to the needs of other residents is brilliant."

People told us they had been involved in the development of their care plans. One person said, "To help me with my eyesight, hearing and other problems the staff worked with my son and I to devise my care plan. I've been here six months now and we've had a little review to make sure I'm still okay." A relative said, "They probably know my Dad's needs better than I do. I've just signed off a review of his care plan – he's become more frail lately."

People told us they were treated with privacy and dignity. One person said, "Although I need their help with my bath, they do respect my privacy. They ask me to check the temperature then give me some privacy to relax in the water, they always have nice warm towels to dry me with." Another said, "I always leave my door so I can see who's coming and going - staff invariably knock and ask before they come in."

We observed people being encouraged to be as independent as they were able to be. One person said, "I'm pretty independent but the staff work with me to give me the extra support I need, they're really quite skilled at getting me to acknowledge what I can do myself and where a bit of support would be useful." Another person said, "I've lived in Oakham for 30 years and know it well but I have to be a bit careful going out now – going downstairs, crossing the road, but I tell staff where I'm going and I like my independence and the staff have helped me to retain it – taking a small risk but it's my decision."

## Is the service responsive?

### Our findings

Within people's care records we saw they had been involved in developing them as much as they were able to be. One relative said, "I've always been asked to contribute to Dad's care plan – I've just signed off a review this week." Care records fully reflected people's needs and included guidance on the support a person needed at each stage of the day. They also included a life history which enabled staff to understand people and engage them in conversation.

There were a variety of activities offered. These were displayed on a large notice board. One person said, "The days can be very long, especially when I can't get out for a walk. There is a regular activities programme (we get a list) so there's always a focus. A gentleman comes in almost every day to read the news headlines and we collaborate on the Times crossword. I enjoy reading and love to sit quietly in my room." Another said, "We made Christmas cards last night – it was fun!"

A relative said, "Dad can see so much from the lounge windows – like the remembrance parade which he'd actually never been to. The market happens outside too so there's always something to see. Dad was a shepherd in his working life and a great country man. He missed having a view when he came but they moved his room and have set up a bird table that they keep stocked so the country comes to him."

The provider had a complaints policy in place. People we spoke with knew how to complain but had not had cause to. They all agreed that if there was ever an issue they could talk openly to any member of staff, the seniors or the manager. There had been no complaints since the last inspection.

The registered manager told us that people were supported at the end of their life if it was their wish to stay at Crown House. The staff had access to additional support from other professionals if and when required. Where people had wished to discuss it, their wishes for their end of life care was recorded in their care plans.

Some people had DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place. These had been completed with the person themselves. A list was in the staff office of people who had them in place to ensure people's wishes were respected.

## Is the service well-led?

### Our findings

There was a registered manager in post who was aware of their regulatory requirements. 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 registered manager was also the provider. They had a strong vision of how they wanted the service to run and progress. Staff were aware of this and worked with them to achieve it.

People knew who the registered manager was. One person said, "It's really all down to [name of registered manager], she leads by example and sets the standards. In my experience of several care homes with other family members, she is exceptional. The standards here are very distinctive – the environment particularly. She works with her staff and is always looking to do more. Her staff work as a team, collaborating to help residents enjoy the best life they can."

We observed that staff and people spoke with the registered manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection. One staff member said, "She is really supportive, both for work and personally. We can go to her any time for anything." Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential and paper files were kept locked in the office.

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager had carried out an annual survey for staff, people who used the service and their relatives. We looked at some responses which had been received and they were all positive and some lovely comments had been made. For example; 'Could not be better', 'Cannot think of anyway anything could be improved' and from a relative, 'We have thought about this very carefully and can think of no way in which Crown House could be improved in any respect'.

The registered manager and staff carried out a number of quality audits. These included; care plans, medicines and infection control. If there had been any issues, an action plan had been put in place and signed off when completed.

Regular meetings had been held for people who used the service and their relatives. Minutes of these were seen. People had been asked for their opinions on a number of things including; food, activities and any other comments. Feedback was positive with comments including; 'sing a longs are always popular', 'happy with everything, you would have to go a long way to improve it' and 'the physiotherapist has been a terrific help to me'. Staff told us they also had regular meetings. These also included a learning set, the last one being on how to store and use wheelchairs safely. Staff confirmed the learning sets had been useful.