

# Review of compliance

Mr & Mrs Michael Waycot  
Crown House Care Home

**Region:**

East Midlands

**Location address:**

Crown Walk  
High Street  
Oakham  
Leicestershire  
LE15 6BZ

**Type of service:**

Care home service without nursing

**Date of Publication:**

January 2012

**Overview of the service:**

Crown House was registered to provide accommodation for persons who require personal care for up to 22 people.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Crown House Care Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 15 December 2011.

### What people told us

We carried out this inspection because we had not visited Crown House since 2009. The local authority had identified concerns regarding staff training and recruitment records. The provider had made improvements to the recording of training and record keeping since the local authorities quality monitoring visit

People praised the quality of service provided and in particular praised the staff employed. One person told us 'you couldn't be anywhere nicer'.

### What we found about the standards we reviewed and how well Crown House Care Home was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced effective, safe and appropriate care, treatment and support.

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

People were protected from abuse or from the risk of abuse.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People had their health and welfare needs met by staff who were fit, appropriately trained and physically and mentally able to do their job.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

Staffing numbers were sufficient to meet people's needs.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People benefited from safe quality care, treatment and support.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us they received the care treatment and support they needed. People were able to maintain as much independence as possible. Many people continued to live busy and active lives. People told us that staff contacted their GP or community nurse as soon as this was necessary. People said that they could choose how to spend their day and could influence the day to day running of the home. People's friends and families were made welcome when they visited and were always offered refreshments when they arrived.

##### Other evidence

We looked at care records for people living at Crown House. People had their needs assessed before moving in. People had an individual plan of care in place. Staff spoken with were aware of people's individual needs and knew how to meet these but records contained limited detail. We issued an improvement action regarding this. This is to ensure that the providers remain compliant in this essential standard.

At the time of our site visit, nobody living at the home was from an ethnic minority community or had any identified minority group needs. Staff had recently attended equality and diversity training. It was evident that people spoken with had their individual needs and preferences respected. People were involved in the care planning process and were given opportunities to participate in the development of their care plan.

Risk assessments were in place for all identified risks, such as risk of developing

pressure sores and risk of malnutrition. The provider ensured that any adverse events or incidents were followed up and measures were taken to reduce any future risks.

People living at Crown House were offered opportunities to participate in a range of recreational and social activities. The home was situated close to shops and other amenities and people were able to go out either accompanied by staff or on their own where this was possible.

**Our judgement**

People experienced effective, safe and appropriate care, treatment and support.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us they felt safe living at Crown House and could approach the staff or the management team with any concern they may have.

##### Other evidence

Two staff members had completed the local authorities safeguarding alert training. This training instructs staff about what constitutes abuse, when to report and who to report to. Staff who had attended this training, cascaded the information to other staff. Safeguarding information was also given to staff as part of their induction training and as part of their National Vocational Qualification training.

Staff were also aware of the providers 'whistle blowing' policy. Staff had access to all the providers policies and procedures for safe working practices.

##### Our judgement

People were protected from abuse or from the risk of abuse.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

People spoken with were very positive about the staff employed at Crown House. People told us that all the staff were very nice and well trained. One person said 'you couldn't be anywhere nicer'. Another person told us you could ask for anything you wanted such as a cup of hot chocolate during the night.

##### Other evidence

The provider had recently made improvements to their staff files and to the information maintained about each staff member.

We looked at staff files and found them to contain all the information required. This included at least two references for each staff member and a check with the criminal records bureau. This ensures that only people suitable to work at the service were employed.

We also found that staff had the training they required to do their jobs. All new staff employed undertake induction training. Induction training can take up to six months to complete. New staff worked with experienced staff until they were competent to work unsupervised.

Staff had attended all mandatory training such as moving and handling and health and safety. Some staff had completed or were working towards a National Vocational Qualification in care.

Staff knew when to seek expert advice from professionals outside of the organisation and who to seek advice from.

**Our judgement**

People had their health and welfare needs met by staff who were fit, appropriately trained and physically and mentally able to do their job.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People told us there were enough staff on duty to meet their needs. People were not kept waiting for staff to attend to them.

##### Other evidence

We looked at staffing rosters and spoke to people living at Crown House and to staff about staffing levels. Staff spoken with told us there were enough staff on duty and that they were supported to do their jobs.

At the time of our site visit, there were eighteen people living at Crown House. There were at least three staff on duty during the day and two at night. The provider was also on call during the night.

Staff had received the training and support they required to do their jobs (see outcome 12)

##### Our judgement

Staffing numbers were sufficient to meet people's needs.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us they had attended resident's meetings and felt they could express their views about their quality of life and the quality of the service provided. People told us they could retain as much of their independence as possible. The staff and the providers listened to people's opinions and took appropriate action. People said they spoke with the provider on a daily basis.

##### Other evidence

Annual service user quality assurance questionnaires were sent out in order to seek people's views and opinions.

The provider was involved with the running of the service on a day to day basis and had an in depth knowledge of people's individual needs and preferences. A programme of quality audits were in place to ensure that policies and procedures were adhered to and people's health and welfare needs were met.

All identified risks were assessed and appropriate action was taken.

The home was decorated, maintained and furnished to an extremely high standard.

##### Our judgement

People benefited from safe quality care, treatment and support.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>Why we have concerns:</b> People experienced effective, safe and appropriate care, treatment and support. Improvements were required to care plans to ensure that compliance was maintained.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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