

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Crown House Care Home

Crown Walk, High Street, Oakham, LE15 6BZ

Tel: 01572770301

Date of Inspection: 07 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs Michael Waycot
Overview of the service	Crown House is a care home without nursing. The service provides care and support for a maximum of 22 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four people who used the service and a visiting relative. People we spoke with told us that Crown House was a wonderful place and a second home, everyone is kind and respectful. They also told us that they felt safe and that there enough staff and that they knew how to do their jobs.

One person who used the service said he they were "treated as an individual"

A visiting relative told us that the care her relative received was "the 'best'".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We spoke with three people who used the service and a visiting relative. We observed interactions between staff and people who used the service. Staff were friendly and professional, we saw that people who used the service were offered choices about the care and support they received.

One person told us that staff helped them with a supervised shower, and they always maintained dignity and privacy. They also told us that they were able to plan their own day and often went into town for a walk. They told us they were treated as an individual. Another person who used the service told us they were aware of activities on offer but they didn't always choose to participate in these. We observed that people were supported in promoting their independence and community involvement.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

A visiting relative told us that the care her mother received "was the best" and was better than anywhere else she had visited in the course of her work.

One person who used the service told us that "everything is done for me" and that all staff were approachable and would listen to any concerns. They added that Crown House was "a second home". Another person who used the service told us "Its a wonderful place. The staff are wonderfully kind, it doesn't matter what you ask them". They also said that the food was wonderful. Another person who used the service told us they felt safe and that they were treated as an individual. People said that staff called their GP when needed and also took them to appointments when this was required.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at care and assessment records for three people who used the service. Care plans and risk assessments were in place for all assessed needs and risks. There was evidence of regular monitoring of weight and where appropriate, fluid intake and output. The fluid output records were kept discreetly in the person's bathroom.

Care plans were person focused and included information about the people's preferences and how they liked to spend their time. Each care plan was reviewed on a monthly basis with the person using the service being involved. For example, one person who used the service had said that they would prefer to have hotter bath water. There was a record of this and that it had been explained to them that hotter water would not be safe for them.

Care records showed that people were referred to healthcare professionals such as GPs and community nurses as soon as this was required.

The provider kept appropriate daily records for all the people using the service and that these were used to monitor people's welfare. Regular checks were made during the night on people using the service and if awake the person using the service was offered a drink or assistance with personal care if needed.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The provider was compliant with this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

Reasons for our judgement

We spoke with four people who used the service. Two of them told us that they felt safe at Crown House. Two people who used the service told us that the staff were kind and well trained. Four of the people who used the service said that they knew how to make a complaint or raise any concerns. One person who used the service said they would feel comfortable making a complaint. They told us they would speak to the provider who was always accessible and that she would listen and take action.

We spoke with staff and looked at training records. Staff had received training about safeguarding people from abuse and knew when to report concerns and who to report them to. This included raising concerns with outside agencies such as the local authority safeguarding team.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the records for three members of staff. We found evidence of effective recruitment and selection processes and that appropriate checks were undertaken before staff began work. We were told that new members of staff were required to 'shadow' more experienced staff for a period of time before working by themselves. New staff with little experience of working as a carer would 'shadow' for a longer period than someone with previous relevant work experience. New night staff were required to work some day shifts so that people using the service could get to know them and not be distressed by having a 'stranger' attend to them at night.

Staff received appropriate training and records showed all mandatory training was up to date. One member of staff told us that the management was supportive and approachable and she felt she could ask for any training she felt she needed.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with people who used the service and to staff about staffing. Staff told us there were enough staff on each shift and they were able to meet people's needs. Two people who used the service told us that there were enough staff and that they knew how to do their jobs.

We looked at staffing rotas and found evidence that there were enough staff to meet people's needs. We were told that extra staff could be called in to cover absences or when someone was needed to, for example, take a person using the service to see their GP.

An activities co-ordinator worked flexibly to help identify and organise suitable activities for individuals and groups.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We found detailed records of people being asked for their opinion and feedback. A residents' meeting had been led by the activities co-ordinator to encourage the people who used the service to give as much feedback as possible. A staff meeting was held immediately after this in order to respond to any concerns raised by people using the service. For example, some people who used the service were not always sure of the names of all the staff and a decision was made to purchase name badges for all staff. There were minutes of both meetings.

People who used the service also told us that they knew how to make a complaint and were confident they would be listened to and action taken.

There was evidence that learning from incidents took place and that appropriate changes were implemented.

We saw evidence in care and assessment records that there were regular reviews of care needs and risk assessments involving the person who used the service. Where a risk was identified appropriate action was taken. For example a person using a wheeled walker was encouraged to use a more stable zimmer frame. This helped reduce the frequency of falls while helping to maintain the person's mobility.

We saw evidence that individual falls were also recorded centrally and reviewed by the provider to identify any pattern. This had assisted the provider identify a person using the service as being prone to falls when developing an infection and staff were advised to monitor the person appropriately.

The activities co-ordinator showed us records of her talking to each person who used the service and asking them about what kind of activity they would like. We saw some people who used the service taking part in a seasonal craft activity. We were told about other activities that had involved people who used the service. People who used the service told us they were aware of activities on offer but didn't always choose to participate in them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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