

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

Crownwise Limited - Streatham Common South

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Crownwise Limited
Registered Manager	Mr. Eugene Owusu
Overview of the service	Crownwise Limited - Streatham Common South is a care home for seven people with mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 25 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

What people told us and what we found

There were five people living in the home at the time of our inspection and they were supported in activities of daily living with the aim to move people towards independent living. We observed during our inspection that people were treated with care and respect. People we spoke to told us, "I do like it here" and another said "it's quite nice here." Relatives told us they were very happy with the care the home provided.

People had a staff member allocated as their key worker who regularly reviewed their care to ensure it met their needs. Staff told us that people were supported to make their own decisions and they worked with people on implementing their care plans, for example, encouraging them to engage in activities.

Appropriate arrangements were in place for the cleaning of the home environment and weekly health and safety audits which included a cleaning check, were carried out by staff. People told us they were supported in doing their washing and cleaning their rooms. There was an infection control policy in place.

The provider had an effective staff recruitment and selection process in place and we found that staff had the appropriate qualifications and experience to meet the needs of people in the home.

The provider had an effective recording system in place. People's records were accurate and fit for purpose and stored securely. Staff records were well maintained and stored in a locked cabinet.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People's consent to care and treatment was obtained and recorded in their individual care plans. Care plans had been signed by people when they were developed and if they were changed throughout their stay at the service. People had consented about the way they wished to be supported in the home and the management of their medicines.

Staff we spoke with were aware of the procedures to gain consent. Staff told us about the key worker system in place. The key worker system allowed people to get one to one support from a member of staff and staff supported people to make decisions about their care. People signed the written record of key worker meetings to indicate agreement with the decisions made during the meeting. Staff told us they supported people to make choices about their daily routines. We observed that one person had flexibility over the time they got up in the morning. One relative said, "Staff have a good way of dealing with him, aiming to get him more independent."

The registered manager had a clear understanding of the Mental Capacity Act (2005). No recent deprivation of liberty (DoLS) applications had been made to the local authority. These applications provide authorisation to deprive an adult of their liberty. One staff member told us that they had had training on the Mental Capacity Act (2005) and a list of staff who attended the training provided in 2012 was seen. No formal consent training was provided for staff.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Before people began living in the home there was a pre-assessment and an admissions process which assessed their individual needs and suitability. Referral documents were evident in people's records, initial risk assessments and service agreement.

Each person that used the service had a care plan in place, risk assessments and documented key worker meetings. Each person's care plan described the range of support they required, for example, support with personal care, as well as medication needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care plans and risk assessments were reviewed regularly and reflected any changing needs. We found care plans were updated and used as a living document detailing any changes and developments in care, for example, one person had epilepsy and it was recorded how many seizures they had and for how long so staff were able to monitor if their health was deteriorating and if they required any additional help. We saw that they had been referred to other health professionals for review to ensure they were kept safe and their physical health needs were appropriately managed.

Staff had a daily log and hand over meetings in place to share any immediate changes to people's needs on a daily basis which ensured continuity of care. People were supported in attending their regular health and dental appointment.

People were involved in planning care and making decisions. We found care plans and risk assessments had been changed to reflect the outcomes and goals for the person. For example, one person aimed to learn how to use the computer.

Two relative's told us they had no concerns about the level of care provided and one told us, "I have just praise for the staff, we are really happy with the care." People using the service told us they liked living at the home and one person described the home as perfect for them. One person said "I do like it here."

There were arrangements in place to deal with foreseeable emergencies. A first aid box and fire instructions were seen at the home. First aid and fire safety training were part of the mandatory staff training schedule. We found that regular fire drills were carried out.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We found systems were in place to control infection in accordance with relevant legislation and published professional guidance. An infection control policy was in place and set out the principles to be followed.

Staff had not received any recent training on the management of infection control, however we saw that training was planned for December 2013. We saw that infection control was part of the staff induction programme provided by the manager.

Staff we spoke with were aware of good hand washing. The home had hand washing reminders in the kitchen and toilet facilities. The kitchen/dining area had a separate sink for hand washing. Hand sanitizer was available in the home.

Staff informed us they kept cleaning materials in a locked area and we observed separate mops for the homes flooring areas. We found that staff had access to disposal gloves and aprons, and we observed staff using these whilst providing personal care. Staff also used appropriate personal protective equipment whilst preparing and serving food.

We saw the home had a cleaning schedule in place for all areas. A detailed plan was in place which set out daily and weekly cleaning requirements. Some people's care plans set out their responsibility for cleaning their rooms. We found that the weekly health and safety audit checked all areas of the homes cleanliness status. We reviewed the audit checklists completed over the last month and no concerns were identified. A monthly provider audit was also available and we found that appropriate action had been taken in response to any concerns identified. One relative told us that when they visit the home they have always found their son's bedroom to be clean and tidy.

The staff informed us they would seek help from the GP practice if they had problems with infection control issues. The manager was aware of the support available from the local authority infection control team. We found that the home was clean and tidy and free from any unpleasant odour.

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 found that the provider had an effective recruitment and selection process in place which was managed by the providers head office. A policy on recruitment and selection was found in the policy folder. The staff files kept on site included the staff application form which listed staff experience, skills and qualifications. Appropriate checks were undertaken before staff began work. Each of the three files reviewed included two references, information on their clearance checks and photo identification. These checks were completed before staff started in post.

We reviewed a copy of the job description and job specification for support workers. On making an application for the post each applicant is matched to the job specification during the short listing process. The job specification for support workers required them to have a national vocational qualification (NVQ) level two or equivalent. We found that all staff had this. One member of staff told us that they were hoping to start a higher level national diploma. The staff handbook set out the provider's method of support for external courses and how staff could apply to the provider for support with course fees.

The three staff files we reviewed included a photograph of each staff member. We found that people appeared to know staff well and called them by their first names. We found that staff had the relevant qualifications to undertake their roles and meet the needs of people who use the service. Staff suitability for the role was assessed as part of the recruitment process.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. The care plans we looked at contained clear, accurate and up-to date information. Records about the care, treatment and support people who used the service required were updated on a regular basis. The computerised care plans were used as a live document and recorded a chronology of key issues and changes to care as they arose. Relatives told us they were kept up to date with care needs and one relative said, "We are sent copies of reports."

The service had a policy on the control of records and access to personal files by people using the service. Data protection requirements were set out in the staff handbook. The records we saw were legible and written concisely. Staff could access people's records, and care plans were updated regularly and key worker reviews were dated and signed by staff. We found that the files included a chronology of key events and a record of people's appointments.

Records were kept securely and could be located promptly when needed. Records relating to the care of people who used the service were kept securely in a lockable cupboard in a locked office. Staff records and other records relevant to the management of the service were accurate and fit for purpose. We found staff records included qualification details, induction, and training information and these were stored in a locked cabinet in the manager's office.

We found that the manager was aware of timescales for the retention of records and we were informed that when people left the service their records were archived off site at the head office.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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