

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: 27 November 2013

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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
Supporting workers	✓ 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

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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 27 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 and talked with staff.

What people told us and what we found

We spoke with four people who used the service and two visiting relatives.

A person who used the service told us "everyone here is caring and helpful, and always respectful and careful. They give me as much privacy as possible. Everything is clean and kept nicely".

People told us they felt safe and that staff helped them to be as independent as possible. People chose how they spent their time and whether they took part in any of the activities available

A visiting relative told us that the service was "fantastic".

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 four people who used the service and two visiting relatives. People were positive about the care and support they received. One person told us, "I find everyone caring and helpful. Staff are always respectful and careful to give me as much privacy as possible". People told us they chose how they spent their time and whether they chose to take part in any of the activities on offer. Two people who were using the service allowed us to see their rooms and explained that they had brought some of their own furniture and other belongings with them.

People were supported in promoting their independence and community involvement. One person who used the service told us "I come and go as I please, I just sign in and out for fire safety. I enjoy some of the activities here but I can choose what I want to do". We observed that a noticeboard in the reception area had information about all of the coming week's activities.

We observed interactions between staff and people who used the service. Staff were friendly and professional. We noted staff offering reassurance to a person who was anxious. We saw that people who used the service were offered choices about the care and support they received. A person who used the service told us "the food is very good and there is lots of choice."

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.

We spoke with four people who used the service and with two visiting relatives. People were positive about the care and support they received. One person told us, "I find everyone caring and helpful. Staff are always respectful and careful to give me as much privacy as possible". People told us they chose where they spent their time and whether they chose to take part in any of the activities on offer. Two people who were using the service allowed us to see their rooms and explained that they had brought some of their own furniture and other belongings with them.

People were supported in promoting their independence and community involvement. One person who used the service told us "I come and go as I please, I just sign in and out for fire safety. I enjoy some of the activities here but I can choose what I want to do". We observed that a noticeboard in the reception area had information about each of the coming week's activities.

We observed interactions between staff and people who used the service. Staff were friendly and professional. We noted staff offering reassurance to a person who was anxious. We saw that people who used the service were offered choices about the care and support they received. A person who used the service told us "the food is very good and there is lots of choice".

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

Our judgement

The provider was meeting 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

People who used 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. Those steps included involving people and their representatives in decisions about their care and support. Staff had received training about how to identify signs of abuse and how to respond appropriately.

We spoke with four people who used the service. They told us they felt safe and secure at Crown House. All the people we spoke with made positive comments about the care staff, describing them as "wonderful, very patient" and "very good and very kind". Two people who used the service told us that they knew how to complain but had no complaints. They added that they would feel comfortable raising any issues with the provider who was accessible and would deal with any concerns.

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.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were trained and supported to enable them to deliver care and treatment safely and to an appropriate standard.

We spoke with three members of staff. All had received induction training which had been updated on a regular basis. We reviewed the training matrix that recorded when staff had received training and when they needed updating. We saw that this helped the service to ensure staff training was up to date. New staff were required to read care plans and to shadow more experienced staff until they got to know the person and what care and support they required

Staff told us that they had regular supervision and an annual appraisal. This helped staff and the provider identify any training or development needs.

Staff told us that they found the provider and deputy manager to be very supportive and approachable and that they were encouraged and helped to develop new skills.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others

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 saw that the provider had a programme of audits to regularly assess and monitor the quality of service that people received. This included talking to people and their relatives and regular health and safety checks. Regular audits were carried out on care plans, food safety, and property maintenance and infection control.

We found evidence that people who used the service were encouraged to give feedback about the service at resident's meetings and by completing a questionnaire. This helped the provider understand and address any issues raised. We observed that visiting relatives appeared comfortable approaching the provider for information or discussion of any issues. 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. Both a visiting relative and two people who used the service told us they had no complaints.

There was evidence that learning from incidents took place and that appropriate changes were implemented. We saw evidence that individual falls were recorded centrally and reviewed by the provider to identify any patterns. 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.

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, the provider had realised that some of the people who used the service preferred to use the staircase rather than the lift to the exit. A second handrail was installed to make this safer. The premises were inspected monthly and maintenance and redecoration carried out regularly.

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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