

Crowley Care Homes Limited

# Crowley Care Homes Ltd - St Annes Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Inadequate** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: St Anne's is a residential care home that provides personal care to up to 20 people aged 65 and over. On the day of the inspection they were providing a service to 17 people.

People's experience of using this service:

The registered manager was working with the provider and the quality manager to develop a person-centred culture within the service. However, the outcomes for people did not fully reflect this and more work was needed to embed this way of thinking within the team.

Although there were enough staff to meet people's physical needs during the inspection, we have recommended the provider consider again whether they have enough staff to meet people's social, emotional and psychological needs.

The premises were undergoing refurbishment at the time of the inspection and some building work was planned for the near future. We have recommended that the provider uses this opportunity to consider current good practice guidance in relation to creating an environment that is more suitable for the needs of the people using the service.

People gave mixed feedback about their experiences of living at St Anne's. People told us staff were caring. However, many people felt there was not enough to do, and that staff did not spend time talking to them. We observed that staff were kind but were task focussed in their approach to care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had governance systems in place and the Quality Manager was developing these to support improvements at the service. We have recommended that they look at how they can improve these to include monitoring of staff practice, as well as records.

People's care plans were personalised to give guidance to staff on how to support people effectively. However, we found staff did not always follow this guidance. People and their relatives were involved in discussions about their care and in developing their care plans.

Staff were knowledgeable about safeguarding people from avoidable harm and how to report their concerns internally and externally to local safeguarding authorities.

People's dignity and privacy was promoted and respected by staff, although they were not supported to maintain their independence. People were encouraged to eat a healthy balanced diet and to drink plenty of fluids. Staff supported people to attend health appointments.

Staff had supervisions to discuss their progress and training in subjects considered mandatory by the provider. This was to develop their skills and knowledge but some staff struggled to explain what they had learned from aspects of their training.

We made recommendations in relation to promoting person centred practices and supporting the needs of people with sensory loss. We also made recommendations about ensuring staff understand how to prevent all types of abuse and meet peoples social and emotional needs. We have made a recommendation around using observations of practice to improve the quality of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

The last rating for this service was requires improvement (published on 17 July 2018) and there were multiple breaches of the regulations. At this inspection, although improvements in some areas had been made, there was more work to be done to raise the overall rating for the service. Therefore, the rating remained 'requires improvement'. This was the fourth consecutive inspection where the service has been rated as 'requires improvement'.

#### Why we inspected:

This was a scheduled inspection based on the previous rating.

#### Enforcement:

We have identified breaches in two regulations in relation to providing care that met people's individual needs and preferences and ensuring good management of the service which utilised quality assurance processes to improve practice.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will speak with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

**Inadequate** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Crowley Care Homes Ltd - St Annes Care Home

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Crowley Care St Anne's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. 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.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with eight people, two relatives/visitors, the registered manager, the quality manager, and three care staff.

We looked at four people's care and support records. We viewed records relating to the management of the service. These included quality audits, medicine management and administration records, incident and accident records.

After the inspection

We spoke with the provider to give feedback about the inspection, and to a member of the local authority monitoring team for their views of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection the rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

At our last inspection in March 2018, the service was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises and some equipment were not kept sufficiently clean.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- Housekeeping/Cleaning staff confirmed that a cleaning schedule was in place to ensure they were able to keep on top of the cleaning throughout the building. The provider had infection control monitoring systems in place to ensure people were protected from the risk of infection. Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

### Systems and processes to safeguard people from the risk of abuse

- People who lived at the service told us they felt safe. One person said, "Yes, I feel very safe here."
- Staff had a good understanding of what to do to make sure people were protected from physical harm or abuse. They knew how to report any concerns they had, both internally and to other bodies such as the local authority and the Care Quality Commission. However, staff did not have a good understanding of less visible forms of abuse such as psychological and institutional abuse. People were at risk of negative impact on their mental well-being where this type of abuse was not picked up.

We recommended the provider consider current guidance on how to identify and prevent all types of abuse and ensure staff have a good awareness of this in practice.

### Assessing risk, safety monitoring and management

- Risk assessments were up to date and had enough detail to guide staff. Staff understood where people required support to reduce the risk of physical avoidable harm. Records used to monitor risks such as falls, fluid and nutrition, and pressure care were well maintained.
- Personalised emergency evacuation plans were in place to ensure people were supported in the event of an emergency such as fire.

### Staffing and recruitment

- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of

service.

- Staff told us they felt there was enough staff to provide safe care. However, we saw there were not enough staff on duty to meet people's social and emotional needs. Staff were very busy and had little quality time to spend with people. We observed they responded to call bells quickly and people's physical support needs were not rushed. One staff member told us the mornings can get busy. Another staff member told us that at busy times people might sometimes have to wait for the toilet but this was never more than five minutes.

#### Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had received training on how to manage and administer medicines and confirmed the provider checked their competency following training.
- Systems were in place to ensure that medicines were managed appropriately, such as stock checks and regular audits.

#### Learning lessons when things go wrong

- Incidents or accidents were managed effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. However, this has not been the case in relation to learning how to improve people's emotional and psychological needs as the concerns around lack of stimulation has been identified at previous inspections but had not improved



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection the rating for this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- St Anne's is an older style, adapted house on three floors. At the time of the inspection there was some refurbishment work taking place and some areas of the home were still tired and in need of redecoration.
- The design and décor did not meet the needs of people living with dementia or people with visual loss and there was little provided to support people to find their way around the building.
- On the ground floor, there was a room which was used as a combined dining room and seating area. As the only communal space, this area was noisy and chaotic with two televisions, pet birds and music, all making sounds at the same time. For people living with conditions such as dementia, this could be very confusing. It did not provide a calm and interesting environment, but rather, an over-stimulating and stressful one.
- The provider confirmed they had long term plans to make improvements to the building, which would consider the need for more communal space, although this was still in the very early stages.

We recommend the provider considers up to date good practice guidance about how to create an environment that supports the needs of people living with dementia and/or sensory loss.

Supporting people to eat and drink enough to maintain a balanced diet

- The food at lunchtime was well-presented and most people told us they enjoyed it. However, we saw that one person did not receive appropriate support to eat their meal, and as a result, ate very little. Staff took no action to address this and just removed the plate without comment.
- We saw drinks and snacks were made available at certain times of the day. At other times it was dependent on people being able to ask for drinks and snacks should they want them.
- Staff were aware of people's dietary needs and referrals were made to appropriate professionals if concerns were identified.

Staff support: induction, training, skills and experience

- Staff said they received training and support to enable them to carry out their roles effectively. However, some staff were unable to explain how training had supported them within their roles and some struggled to explain what they had learned from aspects of their training.
- Staff confirmed they completed an induction programme at the start of their employment. Staff told us they had shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone.
- The management team and staff confirmed that there was a programme of staff supervision. Staff told us

they received support as and when needed and were confident to approach the management team for additional support at any time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs. Care and support was reviewed and updated as people's needs changed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff made referrals to professionals such as GPs, Community Nurses, Opticians and Chiropodists as necessary. This ensured people received appropriate healthcare when required.

Ensuring consent to care and treatment in line with law and guidance

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 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 when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- People's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have choice and control of their lives, ensuring their rights were protected. The policies and systems in the service supported this practice.
- The manager understood their responsibility to make an application for deprivation of liberty to the authorising authority when it was considered appropriate.
- We observed that staff consulted with people and asked for their consent before providing care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection the rating for this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People mostly told us that staff were kind but very busy. One person said, "The staff are lovely, very helpful, but other than that I can't wait to go home." Another person said, "Staff don't talk to me; they're just in and out."
- Although we saw staff were kind when they provided care to people, engagement between them was limited and was mostly restricted to exchanges about a task being carried out. We saw few meaningful conversations between staff and people beyond this. As a result, people were at risk of isolation, particularly those people who were always cared for in their rooms.
- We found that, although there were enough staff on duty to care for people safely, they were very busy. This meant they did not get time to consider people's social and emotional needs.

We recommend the provider considers up to date good practice guidance in relation to meeting people's social and emotional needs when calculating the staffing levels needed at the service.

Supporting people to express their views and be involved in making decisions about their care

- Some people told us they did not feel involved in making decisions about their care. One person said, "You can't have a lie in at the weekend as they make you get up and showered and come down to breakfast."
- Other people told us they were involved in making day to day decisions about their care, such as when to get up or what to wear.

Respecting and promoting people's privacy, dignity and independence

- People told us they were not supported to maintain their independence. Several people commented that they were not able to make and receive telephone calls easily, and that they feared losing contact with friends. Following the inspection the provider informed us that a hands-free telephone is available for people to use at no charge.
- One person told us they did little for themselves now and they said, "No, I don't do more than sit in the lounge."
- People told us staff knocked on their bedroom door before entering and always supported them sensitively when providing personal care, keeping doors and curtains closed, and keeping them as covered up as possible.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection the rating for this key question has deteriorated to inadequate. This meant services were not planned or delivered in ways that met people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people said they did not do much to occupy their time at the service. One person said, "I never get out. I'm not very happy at all. I don't do a lot. I just sit around and watch a bit of TV." Another person told us, "I miss going to [previous activity when at home]. I miss meeting my friend twice a week, but I don't do that here. You don't get out; there's nothing to do. Most of us just sit here and sleep because we're bored." However, other people told us they did go out to places such as the local park.
- We found there was a significant lack of stimulation for people. In the morning, although one or two people were going out to appointments or with relatives, many people had nothing to do and consequently were falling asleep.
- Two televisions showing different programmes were on at different ends of the communal space. At times a music player was also on and the pet birds living in this space were very vocal. This resulted in a noisy and confusing environment, which made it difficult for people to enjoy watching either of the televisions, or to hold conversations with each other, staff or inspectors.
- One person was living with dementia and visual loss. During the day, they became distressed. Other people in the room became upset with the person, with several of them shouting at the person to be quiet. Staff did not take any action to support the person or de-escalate the situation. They did not consider the possible impact of the noise level for this person, for whom sound was the only way they were able to make sense of their environment.
- The registered manager told us that the activities coordinator worked every weekday afternoon to provide a variety of activities and events to meet people's needs. Unfortunately, the activities coordinator was absent from work on the day of the inspection. Their hours were not covered, so no activities were offered to people because care staff did not organise anything to replace the activities that were cancelled.
- The registered manager told us activities took place regularly and showed us some photographs of events. However, it was clear that some people felt those activities on offer were not of interest. One person said, "I am wasting my brain." Another person said, "They don't do anything; no baking, no bingo. I wouldn't recommend it."

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that people went out to lunch clubs, park trips and into town to meet with friends. Although this was positive, these activities could only support small numbers of people at a time

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff appeared to know people's physical needs. However, the lack of meaningful engagement with people meant that their social and emotional needs were not always met. There were many missed opportunities for staff to have conversations with people.
- Care plans were detailed and included information on each aspect of the person's needs such as eating, personal care, communication and moving and handling. The information was person centred and described the way staff should support the person, with reference to the person's preferences. It was clear from these records that people and their relatives were involved in planning their care.
- We found staff did not always support people in line with their care plan. One person's care plan described how staff should support them to mobilise around the building with a white stick and hand on hand guidance. During the inspection, we saw staff walking backwards holding both hands of the person. Due to the staff member standing too far away from them, the person was unsteady and hesitant. In effect, they were being (gently) pulled along, unable to see where they were going. Staff did not speak to them. The person was clearly distressed following this experience.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some information was available to people in large print. However, the service supported people with a range of communication needs, including people living with dementia and with sensory loss. Information had not been presented in a way that would support people's needs.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to check the types of complaints received and to make improvements to the service.
- People and their relatives told us they knew how to make a complaint and were confident that the registered manager would take action to deal with their concerns.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, such as Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- There were no people living in the service that required this level of support at the time of this inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection the rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour.

At the last inspection we found the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (regulated Activities) Regulation 2014. This was because the provider did not have effective systems in place to monitor the quality of the service or for them to have effective oversight. Following that inspection, the provider employed a Quality Manager to develop the auditing and oversight systems.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 17.

- Systems and process did not enable the provider to assess and identify where quality was being compromised during the delivery of care. Concerns raised by inspectors in relation to engagement, emotional wellbeing of people and meaningful activities were not identified. These issues had been raised by inspectors during previous inspections and we found improvements had still not occurred.
- Auditing systems now in place for record keeping did not yet drive improvement in the quality of the service provided. We found staff and the registered manager did not understand how to apply person centred thinking in practice or develop a person-centred culture. Approaches taken by most staff were task focussed.
- Effective levels of staffing had not been planned by the provider nor were they aware people's emotional and social needs could not be met by how staffing rotas were currently organised. No cover had been sought or provided for activity co-ordinator staff who were not able to work. Contingency plans to meet this need had not been planned or applied. This demonstrated a lack of oversight in relation to planning and delivering care to meet people's needs.
- Staff did not understand how to apply training in person centred care to their practice and were not empowered or encouraged to do so. Risks in relation to staff not following care plan guidance to meet people's needs had also not been identified by the provider. This showed that the provider had not ensured staff had the right level of support to understand the requirements of their role in this area, and competency in practice had not been assessed.

We found evidence that people were at risk of psychological harm. Systems were either not in place or robust enough to enable effective improvements in the quality of care.

The systems and processes did not assess, monitor and improve person centred care. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They confirmed they were aware improvements needed to be made in this area and wanted to introduce systems of assessing care in practice to mitigate the risks and develop a person-centred culture that delivered good care.

- The registered manager promoted an open and transparent working environment. When necessary, the registered manager sent notifications to the Care Quality Commission as required by law.
- Staff told us they felt comfortable with the manager's approach, and said they were supportive to them in their role and as employees.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager made themselves readily available to talk to people and their relatives should they wish to discuss any aspect of their care. People and their relatives told us they were able to share their views about the service and were able to contribute to making improvements.
- There were ways for people and their relatives to make their views known including meetings and surveys. However, these did not always take into consideration the needs of people using the service who were living with dementia or sensory loss.
- Staff confirmed they discussed areas for improvement and were encouraged to be part of positive change through regular supervisions and appraisals.

Continuous learning and improving care

- We found the registered manager and the provider were receptive to feedback about the service provided to people at St Anne's, and showed a commitment to making improvements.
- Staff told us that they used meetings and shift handovers to discuss issues that arose in the service to support learning and improvements to care.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care was not person centred. Staff did not engage with people beyond the completion of tasks. and did not always follow care plans. People did not have enough to do
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems did not identify lack of meaningful activities and risks to people's emotional wellbeing. Practices in the service supported isolation and lack of meaningful engagement.