

Southern Health NHS Foundation Trust

Crowlin House

Inspection report

Calmore Road
Calmore
Southampton
Hampshire
SO40 2RA

Tel: 02380860898
Website: www.hantspt.nhs.uk

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Crowlin House is a rehabilitation unit for people with severe and enduring mental health issues. The unit offers care for up to 18 people across three houses each of which accommodate six people. There were 16 people using the service at the time of this inspection.

The registered manager confirmed that none of the people currently using the service received personal care. This is help with tasks related to personal hygiene and eating. This inspection considered the wider social care provided.

People's experience of using this service and what we found

On our arrival staff did not follow the procedure for admitting visitors, therefore we were not fully assured that the provider was preventing visitors from catching and spreading infections. The registered manager undertook to make sure the procedure was being followed in future. We were assured about other areas of infection control. The home had remained free of COVID-19 during the pandemic.

Health and safety checks were completed consistently to ensure the safety of the environment.

We received feedback that staffing levels had been low; however, the provider and registered manager were addressing this concern and improvements had been made. Staff were recruited safely, received a range of training and had access to supervision.

People had access to information and support about safeguarding and how to stay safe. Staff completed safeguarding training and safeguarding matters were investigated. Feedback from some staff indicated that they were not always clear on what happened with concerns that they had raised.

Some staff did not feel well supported to manage risk and did not feel that management were communicating clearly what they were doing. Other staff reported feeling confident about using their training and the risk assessments that were in place. We saw evidence that learning from incidents took place and that this process was being developed further.

Medicines management systems were robust and we were assured that people received the right medicines at the right time from staff who had received appropriate training. People were supported in becoming more independent and confident in managing their own medicines.

Staff involved people in the review of their support plans and risk assessments. People's support plans were mostly detailed and person-centred and also addressed any risks identified. In one person's support plan where we identified this was not the case, the registered manager took immediate action to address the issue.

There are issues the provider needs to address in order to support the registered manager in working to create a more positive culture and atmosphere within the service. Feedback from staff and the leadership team showed a sharp division of views. Some staff did not feel valued or listened to by the management. Other staff felt well supported by their colleagues and managers.

The service promoted people's independence and there was evidence of good outcomes for people moving back into the community.

The leadership team was committed to driving improvements to the service and had a detailed action plan in place to facilitate this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 September 2019).

Why we inspected

We received concerns in relation to the management of risk, staffing levels, preventing and controlling infection and governance of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report. The provider has a clear action plan to continue to make improvements to the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crowlin House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Crowlin House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Crowlin House 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. None of the people using the service at the time of this inspection required personal care.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and two members of staff. We reviewed a range of records. This included four people's support records, risk assessments and multiple medicines records. We looked at staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further training data, quality assurance records and support records. We received feedback from a person who used the service and from 14 members of staff and three professionals who had regular contact with 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 good. At this inspection this key question has now changed to requires improvement.

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.

Systems and processes to safeguard people from the risk of abuse

- People had access to information and support about safeguarding and how to stay safe. A safeguarding policy was in place and staff were required to complete safeguarding training as part of their induction. The provider also had a 'speak out champion' staff could contact about concerns.
- Staff had received training and were aware of their safeguarding responsibilities. Some staff told us they were not confident the registered manager would act on concerns if they raised them. There were conflicting views expressed about this and other staff were more positive.
- We saw examples where concerns had been referred to safeguarding and safeguarding matters were investigated. Feedback from some staff indicated that they were not always clear on what happened with concerns that they had raised.
- A health professional told us, "I don't have any concerns that Crowlin doesn't provide safe, high quality care." When a safeguarding concern was raised, the service "acted on the concerns and client safety was clearly their top priority... They were thorough, communicated well, were supportive of the client and maintained their safety as well as that of all the other residents and then fed back and reflected on the incident with staff afterwards."

Assessing risk, safety monitoring and management

- We received some mixed feedback from staff about how well they felt supported to manage risk, particularly with reference to when people in crisis were supported. For example, we were told about one person who could become aggressive and some staff did not feel that management were supportive or communicating clearly what they were doing. Other staff reported feeling confident about using their training and the risk assessments in these situations.
- One member of staff told us, "I do feel risks are managed safely. The detailed support and risk planning for each service user as well as general workplace risks are managed safely and are clearly accessible. So that each member of staff can be fully up to date on each of these plans."
- There were also mixed views about the handling of environmental risks with some staff being clear about their duty to manage and assess risks on a daily basis. An example of a blocked fire exit was used with some staff not feeling it was their responsibility to remove the obstacles and other staff feeling that it was.
- Risk assessments were in place to support people to be as independent as possible and provided guidance for staff. A new format of rehabilitation support and risk analysis had been introduced in April 2021 and was being used for ongoing reviews of people's individual support plans and risk assessments.
- The majority of the support plans and risk assessments we reviewed were current and complete. One

person's records were not all clear about a nut allergy and there had been an incident resulting in them having a mild reaction to food as staff were not properly aware and had not signed to say they had read the support plan. A member of staff we spoke with was also not fully aware about the support plan and had not signed to say they had read it. We spoke with the registered manager who took immediate action to address the issue.

- Staff were confident in de-escalating situations and had received conflict resolution training. Staff confirmed that physical interventions were not used. This was in line with the provider policy and reflected in people's individual support plans.
- A range of systems and processes were in place to identify and manage environmental risks, including maintenance checks of the home and equipment and regular health and safety audits.
- Records contained a fire risk assessment and regular checks and tests of the fire alarm, emergency lighting and fire safety equipment. Each person had a personal emergency evacuation plan. A current Legionella risk assessment was also on record with a date for review.

Staffing and recruitment

- We received mixed feedback from staff about staffing levels. Some told us that at times during the coronavirus pandemic there had been staff shortages due to sickness and people leaving and this had put staff under pressure. During that time we had requested and received further information from the registered manager and were assured that safe staffing levels were maintained during this challenging period.
- Staffing had recently improved. The majority of the staff team had returned to work and there had been several successful recruitment campaigns, recruiting a care navigator, an activity coordinator and seven support workers. A member of staff told us a consultation process with support workers was being started to "ensure that the service is sustainable and future proof with 24-7 hour support available because currently we operate with 24 different patterns on the rota." This was a historical issue within the service, which the current leadership team were trying to resolve.
- The rota showed the service maintained sufficient cover, including at times of staff sickness. The registered manager had worked shifts including sleep-in duty and weekends when needed.
- Feedback from a person using the service included, "Support is generally always available when I need it. If staff are busy, you can call another house or ring the bell in reception and someone will come to help."
- Staff were recruited using appropriate checks to ensure they were safe to work with vulnerable people. The provider and registered manager considered applicants' skills, experience and values.

Using medicines safely

- There was a medicines policy that was in the process of being updated to reflect changes in the systems used within the service.
- There were robust systems in place for ordering and securely storing medicines, including controlled drugs, as well as returning unused medicines. Checks and balances were recorded and signed by two members of staff.
- Staff received appropriate training and their competency was regularly assessed. A member of staff told us, "We get very thorough training and there is good support from the surgery and pharmacy."
- All of the people using the service were supported in becoming more independent and confident in managing their medicines. Individual support plans included strategies for positive risk taking based on on-going assessment.

Preventing and controlling infection

- We were not fully assured that the provider was preventing visitors from catching and spreading infections. At the start of the inspection when we entered the building staff did not ask to take our

temperature or complete a health questionnaire, or to wash our hands or use a sanitiser. These measures were included in a visiting policy within the home. We later spoke with the registered manager and their line manager about this and they agreed to make sure this was being followed in future. The home had remained free of COVID-19 during the pandemic.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored by the provider for any wider themes or trends to try to prevent future occurrences.
- Following another incident involving the theft of a small amount of money, the registered manager had implemented new procedures for the safekeeping of people's money.
- The position of ligature kits throughout the home had been reviewed and changed following one incident where the person was not seriously injured. The incident had been investigated and there was a record of the findings. We checked the position and content of the ligature kits and these were all in place and correct.
- The service had an action plan that included the development of the learning from incidents process, which will require further staff training.

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 good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There are issues the provider needs to address in order to support the registered manager in working to create a more positive culture and atmosphere within the service. Feedback from staff and the leadership team at Crowlin House showed a sharp division of views. Themes reflected in comments from some, but not all, support staff included a divided team ('them and us'), management being unsupportive and unapproachable, and a lack of communication. On the other hand, there was also consistent feedback relating to a group of staff who reportedly refused to engage with the leadership team and whose behaviour was impacting on the service. One member of staff told us this had been "Reported to the Head of Nursing and Human Resources but little seems to have been done."
- Some staff told us they did not feel valued or listened to by the management. A member of staff said "(This) could be a good place to work if management had training on how to support staff properly and listen to concerns." Another member of staff told us, specific training was being rescheduled as it had been cancelled during the pandemic, which included "Improving team culture with staff engagement/managing with authentic assertiveness/compassionate leadership."
- The registered manager had a detailed service development and action plan that was being implemented. The action plan included creating a new governance framework and also a section on 'Culture, Staff and (the)Trust', which was to include team development days looking at values and expected behaviours. Reflective practice sessions were also part of the plan and had commenced in February 2021.
- Good outcomes were being achieved for people. Feedback from a person using the service included, "The service itself is such a unique service and so helpful. The support staff have definitely helped me to heal, and I'm now looking to move on to living in my own flat with a lower level of support." A health professional told us, "Staff are able to confirm people's strengths as well as support people to gain new skills and...have many good outcomes for people moving back into the community."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services registered with the Care Quality Commission (CQC) are required to notify us of certain events such as deaths or serious injuries. The registered manager had sent us notifications when safeguarding or incidents involving the police had occurred, which included details of actions taken by the service when

appropriate to reduce risks to people.

- Regular audits of the quality and safety of the service took place and were recorded. These included medicines, health and safety, infection prevention and control, support plans and risk assessment audits. The registered manager had a quality improvement action plan with the dates when actions were completed.
- A health professional told us the service had a "Very approachable and supportive manager" and worked well to "Support recovery of complex service users."
- The provider displayed the most recent CQC rating on their website and at the service.
- Following a complaint made by a person using the service the provider carried out an investigation and then wrote to the person to inform them of the outcome. The letter included an apology for any areas where the service had not maintained expected standards. There was a separate record of actions to be taken where the need for improvement had been identified. These actions were signed off when completed by the registered manager.

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

- The service development and action plan promoted people's independence, for example through a drive toward co-produced support planning. However, it was not always clear how people were supported to understand changes being made to support their independence and how their views were being heard. One person told us about no longer having access to a car, which was part of promoting independence but they were not happy and understanding of this move.
- People's support plans were detailed and person-centred, focusing on, for example, people's past experiences and current individual coping systems. A member of staff commented, "Support plans are written with the involvement of the individual and every month, we meet with them to discuss their plans and if any changes need to be made."
- Feedback from a person using the service included, "The support workers have gone above and beyond to provide support and to help me. They are always compassionate and understanding and have never made me feel judged."
- A health professional told us, "I do feel staff are caring and supportive to our clients. I do feel staff make the time to build a rapport with service users and they are able to give me good feedback on how people are doing and if they have any concerns."

Continuous learning and improving care

- The provider and registered manager had clear plans for the ongoing development of the rehabilitation service with an improved agenda for independence.
- A member of staff told us about the provider's online recording system, which "Allows me to communicate information to service users and staff that we would otherwise not always know about. It helps me with creating person centred support plans and risk assessments. In June 2021 all Crowlin House staff will be able to access this system and record daily notes and communication from service users, family members and professionals to ensure clear communication between teams."
- Another member of staff told us, "The registered manager has worked hard to create new roles at Crowlin House to benefit the service users and team. We now have a dedicated Care Navigator who supports individuals to move into and out of Crowlin House... We have a dedicated Activities Coordinator. It was difficult for support workers to support in meaningful activities when supporting in a house; the activity could be interrupted or cancelled due to the changing needs of the service. The Activity Coordinator can ensure that individuals are offered activities that meet their individual needs and preferences."
- A health professional told us, "They have worked extremely hard...to build (people's) independent living skills and confidence" and "They are always friendly and welcoming whenever I phone or visit. They always

seem to be looking to improve and develop their service and have created innovative job roles to help improve the team and the recovery of their residents."

Working in partnership with others

- Records showed and staff confirmed the service worked closely with other teams on a daily basis, including community mental health teams, GP surgery, hospitals, and pharmacy.
- A health professional told us, "The service works with us to ensure referrals are dealt with promptly. (Registered manager) is always available to discuss referrals and has been very supportive of the...team with some complex service users," and, "I have always been impressed with the staff at Crowlin House....They share information in a timely way and seek support if they are having any concerns."