

Crowstone Care Home Limited

The Grange

Inspection report

122 Crowstone Road
Westcliff On Sea
Essex
SS0 8LQ

Tel: 01702432064

Date of inspection visit:
28 March 2019
06 May 2019

Date of publication:
19 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The Grange is registered to provide accommodation for up to 18 people. The home provides a service to adults who require personal care and who may have a mental health need, learning disability or who may have dementia related needs. There were 16 people living at the service when we visited.

People's experience of using this service:

Training for staff did not match the needs of people living at the service. Staff had not received updated training in some areas for a long period. For example, some staff had not completed fire and safeguarding training since 2014.

Some people expressed mixed views about the provision of activities available. Some people told us they organised their own activities such as reading, watching TV and playing Scrabble. Others told us they were bored because there were not enough activities to occupy them and many expressed a wish to go out more.

Risks to people were not fully assessed or recognised. There were insufficient guidance in people's care plans to direct staff as to how best to support them.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service.

People were not always supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People and staff told us the service was well managed and had a friendly atmosphere. Staff said they felt supported by the registered manager. Quality checks looked at different areas of the service and helped to ensure the care people received was appropriate and safe. The service worked in partnership with other agencies to ensure people got the care and support they needed.

Rating at last inspection: Good (report published 9 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service rating has changed to Requires Improvement.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not effective
Details are in our Effective findings below.

Inadequate ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

The Grange

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 undertaken by one inspector and one expert by experience on the 26 March. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of Mental Health Services. We returned to inspect the service with two inspectors on the 9 May 2019. We returned to the service on 9 May in response to concerns raised with us in regards to the Provider's management of people's complex behaviour. We found concerns in the levels of training staff had to support them to keep people safe you can read more about this in the Key Questions of Safe and Effective.

Service and service type:

The Grange 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 accommodates up to 18 people in one adapted building.

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:

For the site visit in March, we gave the service 48 hours' notice of the inspection site visit because we needed

to be sure that someone would be in to assist us with the inspection. The site visit in May was unannounced.

Inspection site visit activity started on 26 March 2019 and ended on 9 May 2019.

What we did:

Before the inspection, 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with nine people who used the service. We also had discussions with five members of staff that included the registered manager, the estates manager, and three care and support staff.

We looked at the care and medication records of four people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- Staff did not always have the information they needed to support people. care plans did not reflect the level and type of care and support required.
- Risk assessments were not individualised to guide staff on how to meet people needs in a safe and consistent way to minimise risk and monitor for signs of health deterioration.
- Risk reduction plans and guidelines did not provide staff with enough information to support people. This led to unsafe practices being adopted in the form of physical intervention.
- There were no systems in place for the appropriate review of risk management plans and strategies to ensure they continued to match people's needs.

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

- People continued to feel safe living at the service. One said, "I'm safe and comfortable because I trust the carers to look after me."
- Staff were able to recognise when people were at risk of abuse or felt unsafe, and said they would feel comfortable to report unsafe practice. One staff member said, "I would report any concerns to the manager. I know they would deal with it properly."
- The registered manager understood their responsibilities to act on reports of suspected abuse. Records showed that suspected safety concerns had been appropriately reported to the local authority safeguarding team when required.

Staffing and recruitment:

- The registered manager told us they had some staff vacancies due to staff leaving and were in the process of recruiting to fill these vacancies. The service did not use agency staff and shifts were covered by existing staff.
- Recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references and their suitability to work with the people who used the service.
- Although checks were in place we found one disclosure and barring check did not match the role the member of staff was performing and meant that they should not have been involved in providing personal care for people.
- We observed enough staff on duty to provide people with the support they needed. One person said, "The carers check on me regularly because I am in bed most of the time. That means there must be enough staff."

Using medicines safely:

- There were robust systems in place to ensure medicines were administered safely by trained staff. One person told us, "I get my medication on time."
- Where people needed medicines 'as required', there was information available to support people to have this when they needed them.
- Staff had been provided with training on the safe handling, recording and administration of medicines.
- Medication administration records (MAR) had been completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection:

- The service managed the control and prevention of infection well. The service was clean and checks were completed to ensure that standards were maintained.
- Staff used personal protective clothing when assisting people with their personal care or when preparing or serving refreshments.
- The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.

Learning lessons when things go wrong:

- There were systems in place to review when things go wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. The registered manager reviewed accidents and incidents and where any safeguarding concerns had been identified. These were used to reviewed how the service was managed and where necessary, make any improvements.

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

Inadequate: There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

Staff support: induction, training, skills and experience:

- Training was not robust enough to equip staff with the skills they needed to support people. For example, staff had received training in an awareness of mental health issues. This would not adequately give staff the skills they needed to support people with complex mental health conditions.
- Staff had not received any training or support in how to manage complex behaviours. For example staff had not had training in recognising what triggered these behaviours or how they could offer reassurance to divert people away from these behaviours.
- There was evidence of physical intervention being used, however staff had not received training to support people in this way.
- Staff training records were not up to date and some staff had not received training in safeguarding, moving and handling and fire safety since 2014.
- Staff received an induction when they first commenced at the service to give them the skills they needed to provide appropriate care and support.
- Staff could contact the registered manager for support at any time. Regular supervision took place which included the registered manager conducting spot checks on staff to monitor and assess competency.

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

- People had a comprehensive assessment of their needs before they went to live at the service, to make sure their needs could be fully met. The assessment included people's physical and mental health needs, their hobbies and social activities and individual safety needs. The assessment tool also placed a strong emphasis on people's life events, strengths, cultural and religious needs and relationships. This was to ensure people could be supported to maintain their chosen lifestyles.
- We looked at the assessment for one person living at the service. There was information about the healthcare professionals that needed to be involved in the person's care to ensure care was based on up to date legislation, standards and best practice.

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

- People told us they enjoyed the food and care plans recorded people's nutrition and hydration needs had been assessed and planned for where required. One person told us, "The food is fine and I like the lasagne. The meals are warm and taste good. I can choose and they'd make me something else if I asked."
- Special diets were catered for; including for people who had been recommended softer meals to manage a risk of choking.
- Records showed when people were at risk of dehydration, they were regularly offered and supported with drinks. Their intake was monitored to ensure they met their daily recommended minimum amount.

- Staff worked closely with the dietician and speech and language therapists if people needed support with their nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff did not always recognise when people could benefit from a full review of their health and well-being from other health professionals. This could delay the appropriate intervention and effect people's health and well-being.
- Dental, chiropody and optical services were arranged either in the community or at the service.

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

- The provider had made changes to the environment to meet people's needs. For example, installing a wet room, ramps and had made the garden more accessible.
- People's rooms were personalised and they told us they had been involved in choosing the decorations and objects in their rooms. We saw they reflected people's personal interests and preferences.

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 that, 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 with appropriate legal authority. In care homes, and some hospitals, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The use of physical restraint would be considered a deprivation of a person's liberty. Therefore, this should be considered under the MCA to ensure safeguards are in place to protect the people. We did not see evidence this had been considered under the Act.
- When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure that their best interests were considered. DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to and we saw further applications were in progress.
- Staff understood the DoLS to ensure that they were meeting the requirements of the MCA. There were capacity assessments in place to support the decision making.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and the staff knew each person well. One person said, "The carers are very good. They respect me and treat me well. They let me live my own life which is important to me." Another told us, "Banter goes on all the time. They are lovely and kind."
- People looked relaxed in the company of the staff. For example, we saw people joking with staff. One staff member told us, "We work closely with people and so you get to know them really well. Their likes and dislikes, what makes them happy and what makes them scared."
- People valued the relationships they had developed with staff. One person told us, "I'm always telling jokes and they're nice back. It's a good feeling that you can have that relationship."
- People were supported by staff who knew how to support them when they became anxious or upset and we saw they knew what to say to help people become less anxious. The staff understood the likely causes of the people's distress and how to help them reduce their anxieties'.

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

- People told us they had regular meetings with staff and could make choices about their care. One person told us, "I've got a key worker [name] and we get on fine."
- Care plans were in place to guide staff on how to support people to make choices about their care and support. For example, people were able to decide on the activities they wanted to take part in.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected, their right to confidentiality was upheld and they were not discriminated against in anyway. One person told us, "The staff are fine. They treat me decently and are respectful of me."
- Staff showed genuine concern for people and educated them about respecting each other's space and maintaining confidentiality.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- A number of people using the service were independent and able to leave the service to pursue their interests. However, some people were more dependent on staff to take part in activities of their choosing. We spoke with this group about the activities available and received mixed views.
- Comments included, "I like word searches and Scrabble. I watch TV and love space programmes. I'm never bored because I find things to do." I draw and paint and do bingo. I'm not bored because I enjoy my painting and talking to people. I also listen to music on the radio."
- Some people were not satisfied with the activities available. One person told us, "I do get bored. It would be nice to get out occasionally or have some entertainment. There's not a lot going on here." Another person commented, "I'm bored because there's not enough to do. If we had more things and maybe someone coming and entertaining us that would help."
- There were activities planned throughout the week, but in conversation with the activity co-ordinator (who was also undertaking caring duties), it was evident that some did not take place and others were dependent on sufficient staff. For example, the keep fit activity advertised for the morning of the inspection did not happen. However, in the afternoon we observed four people playing Scrabble together.
- People continued to receive care that met their needs and were involved in the care planning process. One person told us, "The carers know what help I need. They hoist me gently and talk me through it."
- Care plans needed to be more detailed to provide staff with the guidance they needed to support people. When people's needs changed the care plans needed to reflect this.
- Systems were in place to share information. There were regular individual reviews completed and daily handover meetings and records. One member of staff said, "We receive a handover of information which means we know who to monitor."
- People's communication needs were assessed and it was clear how information should be shared with them. There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could also understand it. This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager told us that information could be made available in different formats if it was required.

Improving care quality in response to complaints or concerns:

- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint.
- All people using the service had a keyworker, allocated to them and they were the point of contact for people to go to. People could raise their concerns or any complaints they may have on a one to one basis with their chosen key worker.
- There had been no complaints received by the service in the last 12 months, however there were systems

in place to respond and investigate complaints when needed.

End of life care and support:

- The provider had a policy in place in relation to end of life care to provide staff with appropriate guidance.
- There was nobody receiving end of life care when we inspected but some people had been involved in making decisions about their end of life care.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The feedback we received about the service and the management team was positive. One person told us, "They are pleasant enough." Another person said, "This place is all right, I don't know what would make it better." A third commented, "The place runs well- it's good. If you need something they'll try and get it for you."
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. Quality checks identified areas where actions needed to be taken.
- Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They confirmed that they understood their right to share any concerns about the care at the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- Staff training at the service needed to be reviewed to ensure staff had the correct skills to support people.
- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- We saw the latest CQC inspection report rating was available for people to read at the home and on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.
- Staff felt well supported and said they had opportunities to speak with the registered manager whenever they needed to.

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

- The service involved people in decisions about their care. They were involved in regular reviews and satisfaction surveys were carried out with people, their relatives and staff. Feedback was used to implement improvements or suggestions. For example; as a result of the feedback received, the service had made changes to the menu.
- Staff felt listened to by the registered manager. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.
- There was a suggestion/comments box where people could record any views they had about the service.

Continuous learning and improving care:

- Due to the registered manager also being the owner/provider of the service there was no independent review taking place at the service. This also meant if staff or people had an issue with the registered manager there were no independent systems in place for these to be addressed.
- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.

Working in partnership with others:

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, health professionals such as GP practice's. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.