

Runwood Homes Limited







Crowstone House

Inspection report

Crowstone Avenue
Westcliff on Sea
Essex
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Tel: 01702 436611
Website:

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

This inspection took place on 4 and 11 September 2015.

Crowstone House is registered to provide accommodation and care for up to 54 people some of whom may be living with dementia. There were 47 people living in the service on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were insufficient staff on duty to meet people's needs. Staffing levels had not been appropriately assessed to take into account people's individual needs and staff and time required to support people safely and ensure their wellbeing. This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

Staff had been safely recruited and were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines. The manager had plans in place for improving the medication storage room.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made applications appropriately when needed.

They knew how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

People were supported to have sufficient amounts of food and drink to meet their needs. However, the dining experience in the upstairs lounge was not as positive as in the downstairs dining room and lounges. People's care needs had been assessed and catered for. The care plans

provided staff with sufficient information about how to meet people's individual needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind, caring and compassionate, they knew people well and ensured that their privacy and dignity was maintained at all times. Although people had mixed views about activities, it was an improving picture as a new activities co-ordinator had recently been appointed. People were able to express their views and opinions. Families and friends were made to feel welcome and people were able to receive their visitors at a time of their choosing.

People knew how to raise a concern or complaint and were confident that any concerns would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

Summary of findings

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 consistently safe

There was not enough staff to provide the support people needed.

Recruitment processes were robust.

Medication management was good and there were plans in place to improve the medication storage room.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The managers and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind, caring and compassionate in their approach.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Good



Is the service responsive?

The service was responsive.

The assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure and people were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

Staff had confidence in the managers and shared their vision.

The manager had taken immediate action to address shortfalls identified at this inspection.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Good



Crowstone House

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 4 and 11 September 2015 was unannounced and carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience and knowledge about similar services.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 18 of the people using the service and seven of their relatives, the manager, the deputy manager and 15 members of staff. We reviewed six people's care records and seven staff's recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

There was not always sufficient staff on duty to meet people's assessed needs. The service had many different communal areas where people sat throughout the day. One person told us that there were times when they had not seen staff for long periods of time. They said, "I get upset because [person's name] is shouting and quite aggressive. I timed it once and we were without staff in this lounge for one hour and five minutes. It made me frightened." Another said, "The staff are so busy they don't have time to spend talking to me."

People's relatives told us that they felt there were not enough staff on duty at times. One relative said, "Last week I was alone in the lounge for twenty minutes with [name of person] and lots of other residents some of whom were very challenging." Another said, "My relative needed help to move recently and they [staff] could not find anyone to help me to move them." Another said, "I don't think there are enough staff on duty when people need extra help, such as when they are in crisis or for their end of life care."

During our visit we found that people were left unsupervised for various periods of time in different areas of the home. For example we saw one person attempting to eat pepper from the pepper pot that was on the table. Another person had tipped their tea into their cereal and the person on the same table had taken it from them and was eating it. Another person was struggling to walk across the room as they were very unsteady on their feet, there were no staff in the area to support them if they fell. Staff were busy supporting people elsewhere but this meant that others who were not being supervised were put at risk.

Staff told us they were very busy and one said, "We do have a high turnover of staff but I think we have plenty apart from at the weekends. It means there is always a lot to do on a Monday." Another said, "We are very busy. People's needs seem to be greater than they used to be and more people need two staff to help them."

People who lived downstairs were relaxed, happy and cheerful throughout our visit and there was good staff interaction. People did not appear so happy in the upstairs part of the service. One person said, "It used to be better here but it is not as good now." A visiting relative said, "There have been a lot of new staff recently and it seems to have lost its heart a bit." We saw that people in the upstairs

lounge were quite sedentary; there was not much movement and very little conversation with others. Staff interacted when necessary but were busy carrying out tasks so did not appear to have the time to spend with people individually. Improvements are needed to ensure that all of the people living in the service receive the appropriate level of care and support.

Relatives told us that although they generally felt people were safe, happy and well looked after the lack of staff at times had worried them. One told us, "There are some people living here who can be quite verbally abusive and very loud and this sometimes upsets my relative." Although people were protected from the risk of harm there were times when they were left unsupervised and were placed at risk.

This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In general people told us they felt safe and secure and throughout our visit they were comfortable, relaxed and happy when interacting with staff and each other.

The manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer to when needed. Staff had been trained in safeguarding people and knew the actions to take if they witnessed or suspected abuse. One staff member said, "I would make sure that the person was safe first and then I would report it to the manager. If I thought that they would not take any action I would contact the council and report it myself." Another said, "There is information in the office and leaflets on the notice board so if I am not sure what to do I can check on them. I would always make sure that the person is safe before I did anything else." The service had a whistle blowing policy and staff told us they would use it if needed. The manager had reported safeguarding concerns appropriately to the local authority and the CQC.

Risks to people's health and safety were well managed. Staff had received training in first aid and fire awareness and they knew to call the emergency services when needed. Regular fire drills had been carried out and there were risk assessments and management plans to help keep people safe, for example for their mobility, skincare, nutrition and falls. Staff demonstrated a good knowledge of people's identified risks and was able to describe how

Is the service safe?

they managed them. One person told us, “The staff help me to do the things that I want to do so that I can do what I can for myself.” We saw another person being supported to walk down a few stairs to their room, they walked very slowly so as not to trip over or fall and the staff member encouraged and supported them in a positive manner. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. The service employed a maintenance person for 30 hours a week and they carried out repairs as and when needed and there was a clear record of these in the maintenance book which showed when repairs had been reported and the date they had been carried out. There were emergency telephone numbers available for staff to contact contractors in the event of a major fault in the building.

The service had robust recruitment processes in place to ensure that people were supported by suitable staff. The manager had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.

Although people’s medicines were managed safely improvements were needed for their storage. The medication room was very small and some medication was not stored in the locked medication trolleys because of the

lack of space. It was in poor decorative condition with tiles in need of grouting and damaged flooring. The manager has since informed us that the medication room would undergo a complete upgrade by the end of September 2015. They said that it will have new flooring, new lockable cupboards and shelves, a new air conditioning unit and an additional lockable medication trolley.

People told us that they were given their medication correctly and that they knew what it was for. One person said, “The staff give me all of my medication when I need it, they are really good and make sure that I have taken it before they leave me.” Another said, “I know what my medication is and they [staff] give me it on time.” We observed a medication round. The care team manager had a red tabard displayed on the medication trolley to show that they were administering medication and should not be disturbed or interrupted. They had a good knowledge of people’s medicine needs and their individual medical history and they gave people their medication appropriately.

Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. There was a good system in place for ordering, receiving and the disposal of medication. Staff had been trained and had received regular updates to refresh their knowledge and the manager had carried out observations of practice to ensure that they administered medication correctly. People received their medication as prescribed.

Is the service effective?

Our findings

People were cared for by staff who were supported and valued. People told us they felt staff were well-trained. A visiting relative said, “The staff are very good at spotting any signs or symptoms and they seem to know what they are doing.” Staff told us they received a good induction to the service and that they had received regular supervision and support from their manager. One staff member said, “I feel well supported to do my work, I have regular one to one meetings, observations of practice and an annual appraisal.” Another said, “The manager or the deputy manager are available every day for advice and support when I need it and are both very supportive and knowledgeable.” Induction records showed that staff who were new to care had completed the Common Induction Standards which provided them with the knowledge and skills needed to give people good care and support.

People received their care from staff who had the knowledge and skills to support them effectively. People told us that they felt the staff were well trained. One person said, “The staff seem to do a lot of training and they know what to do to help me so they must have good training.” Visiting relatives told us that they felt the staff were well-trained. Staff told us, and the records confirmed that they had received recent training that included food hygiene, first aid, infection control and dementia awareness. One staff member said, “We do a lot of e-learning now which I quite like as you can do it in your own time rather than rushing and not taking it all in.” Other staff told us that the training was good and that it helped them to do their work. Staff told us and the records confirmed that they had completed a national qualification such as their NVQ (National Vocational Qualification in Care). This showed that people were cared for by well trained staff.

Staff knew how to support people in making decisions and had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the Act. The service took the required action to protect people’s rights and ensure that they received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments and there were DoLS authorisations in place where required. There were assessments of people’s mental capacity in the care files

that we viewed and during our inspection we heard staff asking people for their consent before carrying out any activities. This meant that where people were not able to make every day decisions for themselves decisions were made in people’s best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People’s views about the food varied, however most people told us that the food was good, home cooked and always plenty of it. One person said, “The food is marvellous, we have a good cook.” Another person said, “I get a choice of what I want to eat. Sometimes it is better than other times.” We saw that people were offered a choice of meals. Staff told us that people sometimes chose an alternative to the choice of meals offered. We saw that one person wanted an alternative and staff quickly provided this for them.

It was clear that lunchtime in the downstairs dining room was a pleasant experience for people; they were relaxed, happy and chatting with staff and each other. Where people needed support to eat their meal, staff provided it sensitively giving them sufficient time to enjoy their food. The experience in the upstairs dining room was different so improvements should be made to ensure that all of the people using the service enjoy mealtimes. A few people ate their meal from small tables while they were sitting in their armchairs. Some of the tables were quite low and some people seemed to be struggling to reach their meal. There was no chatting or laughter and the only interaction we heard was when staff were offering people a choice of meals or asking if they wanted any condiments or help with cutting up their meal. This meant that the mealtime for people in the upstairs lounge may not be an enjoyable social occasion as in the downstairs dining room.

There were ample supplies of good quality fresh, frozen, canned and packaged foods in the store cupboards. Where necessary people’s food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy.

People’s healthcare needs were met. They told us that they saw a variety of healthcare professionals such as the chiropodist, the optician, the doctor and the specialist nurse. A visiting relative told us, “My [relative] has a health condition and the staff know if they have a bad day, they know how to spot any changes in their health and they

Is the service effective?

always act quickly to help keep them healthy.” People told us and the records confirmed that they had been supported to attend routine healthcare appointments to help keep them healthy.

Is the service caring?

Our findings

People often told us that the staff were caring and compassionate, and understood their needs. Their comments included, 'very nice staff', 'good kind staff', 'very understanding'. One visiting relative told us that the care was good. Another said, "I am very happy with my relative's care, [person's name] loves it here, they are kind, and understand my relative well. They are very attentive, and quick to support my relative when they need it." Staff displayed kind and caring qualities and it was clear that most staff knew people well and had built up positive caring relationships with them.

People were treated with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any tasks. People told us that although staff were busy, they did not rush them. Visiting relatives told us that staff were generally polite and respectful in their approach when supporting people. One relative said, "The staff have been fantastic, they cared for my relative wonderfully and I shall always be grateful. Although I do think it is difficult for them to provide the same level of care and compassion when people's needs increase significantly." People's religious faith was respected and their cultural needs had been met.

People told us that they had the privacy they needed and we saw this in practice, for example staff knocked on people's doors and waited for a response before entering their rooms. People were able to receive visitors in private if they wished. One visiting relative said, "This home is marvellous, the staff and manager are so kind and caring. I had a special occasion recently and the staff helped me to arrange a special meal to celebrate with my family. We had a nicely laid up table, a cake and a lovely meal together to mark the occasion. The staff are respectful and treat my relative with dignity and kindness."

Staff supported people to maintain their independence for as long as possible. People told us that they chose what

they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. One person told us, "Staff help me to keep moving as much as possible so that I can keep my independence. Another person said, "I like to walk around the home and see what others are doing, it keeps me active."

Where they were able to be, people were actively involved in making decisions about their care and support. People said they were able to make choices about how they wanted to spend their time, what they wanted to wear and where they wanted to be. There was good information available about people's likes, dislikes and preferences in regard to all areas of their care. Relatives told us that they were kept informed about changes to their loved ones care and support.

The service had information about people's life histories to help staff to get to know them well and to understand who and what was important to each individual. The manager told us, and the records confirmed that the service was in the process of developing a pictorial life history booklet entitled 'A Story Worth Telling'. The booklet included details about the person's birth, family and working life in the written word, photographs and in symbols. The manager told us that the booklet would be shared with people to enable better communication and understanding of important times in people's lives.

People told us that their visitors were made welcome at any time. One person said, "My visitors come to suit themselves I don't think there are any special visiting times." Visitors told us that they were always made to feel welcome whenever they visited.

Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the hallway. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. People's needs had been assessed before they moved into the service and their relatives told us that they had been involved in the assessment process. One person said, "I was asked about my health and what I needed in the way of care and support." Another said, "My family helped me to tell them exactly what I needed when I first came here."

Staff knew how to support people and described their individual needs and preferences. Staff said that they had sufficient information in the care plans to enable them to meet people's needs. One staff member said, "I am kept up to date about people's changing needs. We have a handover each shift to ensure that we know how to care for people safely." Another said, "We talk about any changes to people's needs at our team meetings as well as at handovers and reviews so we make sure that we all know about any changes."

People told us that they received care when they needed it. Care plans had been developed from the initial assessment and had been reviewed and updated monthly to ensure that they continued to meet individual's changing needs. People told us that the service provided suitable equipment such as hoists, walking aids and wheelchairs to support their mobility.

People told us that when they rang their call bell staff were quick to respond and we witnessed this throughout our visits. One person said, "Although I cannot get out of bed the staff keep me comfortable and know when to help and support me."

People had mixed views about the activities offered. One person said, "Life is a bit boring sometimes as there is not much to do up here." Another said we do have visits from a PAT dog (pets as therapy), which I enjoy." Another said, "I have the TV, music, my nails and hair done and go out for a walk. A visiting relative told us about a book they had prepared that staff used as an aide memoir for their relative. The book included photographs and short stories about their life.

The manager told us that the activities coordinator was on long term leave and that care staff had been providing people with activities during their absence. Staff told us that they had limited time to provide these but tried as

much as possible to follow the planned programme. On our second visit we found that a new activities co-ordinator had been employed. They spent time with individuals getting to know them and asking them what activities they preferred to do. One person said, "I have ample opportunity to speak to people as they pass my room." Another said, "The new lady [activities co-ordinator] is very nice, she asked me how I liked to spend my time. We talked for quite a while today, it was good."

People told us that they spent time with their relatives and we saw that there were many visitors coming and going throughout our inspection visit. One visiting relative said, "I visit my relative regularly and it always seems to be busy downstairs. Staff are always helping people to do what they want to do." Another said, "I visit my relative upstairs and it seems very quiet compared to downstairs." There was a clear contrast between the upstairs and downstairs lounges. In the upstairs lounge people sat quietly with very little conversation between them. The downstairs lounge was quite busy with lots of movement and social interaction between people.

People were asked for their views on a daily basis and we heard and saw this in practice. People told us and the records confirmed that they had regular meetings. Relatives told us that they too had regular meetings where they had discussed their loved one's care plan, the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, protected mealtimes and hospital appointments.

People told us that they knew how to complain and that they would tell the staff or manager if they had any problems and they were confident that their complaints would be dealt with appropriately to their satisfaction. One person said, "I can talk openly to staff and feel able to share any concerns about my care with them, if such an event occurred." A visiting relative told us, "I have no complaints or concerns but would feel very comfortable discussing concerns with any member of staff, or if necessary with the manager."

There was a good complaints process in place which fully described how any complaints or concerns would be dealt with. The manager told us, and the records confirmed that when complaints had been received they had been dealt with appropriately. People said they were confident that their complaints would be dealt with effectively.

Is the service well-led?

Our findings

The service had a registered manager and a deputy manager in post and they had a good knowledge about the people they were caring for. People and their relatives told us that there was an open door policy and that they could speak with the managers when they wanted to.

Staff and relatives had confidence in the managers and said that they were approachable and supportive. They said they were always available and that they responded quickly to any requests. There were whistle blowing, safeguarding and complaints policies and procedures in place. Staff told us they were confident about how to implement the policies. One staff member said, "I would report concerns to the manager or deputy manager and I know they would deal with them." Another said they would report any issues of concern immediately.

Staff told us they felt valued and that they shared the manager's vision for the service. They said that the managers were very supportive. One staff member said, "I can speak to my CTM (care team manager) or the deputy manager or the manager if I have any problems." Another said, "There are on call numbers in the office that I can phone if the managers are not about."

People told us that regular meetings had taken place where they were actively involved in making decisions about how to improve the service. A range of issues had been discussed which included mealtimes, laundry, activities and entertainment. One person had asked for the menus to be changed and an action plan had been developed and the menus altered to offer people more choice of meals. This showed that people were actively involved in developing and improving the service.

There was an effective system in place for monitoring the quality of the service. The service used an external agency

to carry out their annual quality assurance survey. The last one took place in June 2015 and an action plan was developed as a result of the findings. Most of the actions had been completed, some were still on-going but work was in progress. Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The manager told us and the records confirmed that health and safety, infection control, medication, care plans, accidents and incidents and the fire system had been regularly checked.

Regular staff meetings had taken place and the issues discussed had included care practices, dignity and respect, personalisation of care, training and e-learning and health and safety. Staff told us that in addition to the agenda items the meetings allowed time for them to have an open discussion where they could give and receive feedback. They said they were involved in how the service was run.

Staff used a handover sheet and the diary for communicating important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

After discussion with the manager about people's experience in the upstairs lounge, staffing levels and the condition of the medication room they took immediate action to make the required improvements.

Personal records were stored in a locked office when not in use. The managers had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There was insufficient staff deployed to meet people's assessed needs. Regulation 18 (1).