

# Crowne Home Care Limited

## Littleton House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

At our last inspection in July 2014 the provider was meeting the requirements of all the regulations we looked at but we identified that improvement was required in some areas. This included the systems for the recruitment of new staff and for monitoring quality.

This service is registered to provide personal care and to people in their own homes. At the time of the inspection the service was providing care and support to people who lived in shared accommodation on the same site as

the location of the office for Littleton House. Some people were receiving 24 hour support and others received fewer hours support each day, according to their assessed needs and level of independence.

A registered manager was employed at the service. 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.

# Summary of findings

Staff were trained in recognising possible signs of abuse and they knew how to report any possible suspicions to the relevant authority. Staff demonstrated awareness of possible warning signs and the action to take. All of the staff we spoke with told us they were confident that if they reported any safeguard concerns to the manager they would be dealt with appropriately.

Staffing structures were clear and care staff were consistently assigned to provide care to specific individuals. Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs. Staff had received induction training when they first started to work for the service and received on-going training to make sure that they continued to have the skills to provide people with appropriate care and support.

People told us they were able to make everyday choices for themselves but people were at risk of having decisions about their care being made by people who did not have the right to do so. We saw some examples in people's care plans where the support provided may be restrictive to the person.

People said that staff were caring and they were happy to be supported by the service. Staff enjoyed seeing the people they supported and were happy to help them as

much as possible. People had developed positive relationships with the staff who supported them. The service promoted people's privacy and dignity and people were supported by staff of their choosing.

Staff we spoke with told us the manager was friendly and supportive. We saw there was a process for staff to contact the manager out of hours if they required additional support or guidance.

We saw evidence that some incidents had been used to learn from mistakes but that a detailed analysis of all incidents and accidents was not undertaken. This would have assisted in identifying any patterns or themes which could mean that people were at increased risk of harm.

The provider had failed to understand some of their responsibilities. Whilst a copy of the locations previous report was on display in the office showing the rating of the location we saw that the provider's website did not tell people the rating of the location. The manager told us they had not been aware of the requirement to do this and would ensure this was rectified. We looked at the provider's website following our visit and saw this had now been done.

Whilst the provider had informed us of some of the incidents they were required to, we had not submitted all of the notifications they were required to do so by the regulations.

# 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 safe.

People told us that they felt safe and had confidence that staff could keep them safe. Staff were trained in recognising the possible signs of abuse and they knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Good



### Is the service effective?

The service was not always effective.

People were at risk of having decisions about their care being made by people who did not have the right to do so.

People were supported by staff who had the skills and knowledge to meet their needs.

People were supported to attend healthcare appointments, when necessary.

People were supported to eat and drink in ways which maintained their health and respected their preferences.

Requires improvement



### Is the service caring?

The service was caring.

People were happy with the support they received. People told us that staff were kind and helpful when supporting them.

People told us that staff respected their privacy and maintained their dignity when providing care.

Good



### Is the service responsive?

The service was responsive to people's needs.

People were supported to take part in activities they enjoyed and to access the local community.

People's comments and complaints were listened to and acted on.

Good



### Is the service well-led?

The service was not always well led.

The provider had failed to understand some of their responsibilities and had not notified us of all of the incidents they are required to.

Requires improvement



# Summary of findings

There were systems for audit and quality assurance to ensure safe and appropriate support to people, but these had failed to reveal some shortfalls in how incidents were managed.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

# Littleton 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 7 and 8 October 2015 and was announced. The provider was given 48 hours' notice because the location provides support to people in their own homes and we needed to make sure the registered manager was available when we visited. The inspection team consisted of one inspector.

Before the inspection we looked at the information we already had about this provider. This included information from a relative who had contacted us with some concerns about the service and from a local authority who commissioned care packages from the service. We looked at the notifications we had received from the provider. Providers are required to notify the Care Quality

Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These helped us to plan our inspection.

We spoke with seven of the nineteen people who were using the service at the time of our visit and with two relatives. We spoke with the registered manager, business development manager and six care staff. We looked at three people's care records and other records that related to people's care such as medication records. We also looked at staff employment and training records to see if staff were suitable to support the people who used the service and at the provider's quality assurance system and audits to identify the provider's plans to improve the service.

Following our inspection we spoke with the relatives of six people who had used the services of Littleton House. We also received information from a social worker, a complex learning needs coordinator, a community nurse and a speech and language therapist who all had recent contact with someone using the service.

# Is the service safe?

## Our findings

We spoke with people who used the service. They told us they felt safe. One person told us, "I know I am safe here." Another person told us, "The staff are all okay, they do not shout at me." With the exception of one relative we spoke with before our visit, people's relatives felt care staff were aware of their needs and knew how to keep them safe. One person's relative told us, "I'm very particular because of bad experiences elsewhere but here I have no concerns about safety."

The manager and staff told us that all staff were trained in recognising possible signs of abuse and they knew how to report any possible suspicions to the relevant authority. Staff demonstrated awareness of possible warning signs and the action to take. All of the staff we spoke with told us they were confident that if they reported any safeguarding concerns to the manager it would be dealt with. We saw that when necessary the provider had raised safeguarding concerns with the local authority, these had included issues of concerns around a person's finances and the care a person had received in hospital. At the time of our visit the provider was co-operating with the local authority to investigate some concerns raised by a relative.

People's plans contained assessments showing the possible risks to people, including those from the environment and activities. These plans included details of the ways in which staff minimised the risks to keep people as safe as possible. One person had a bed with rails that had been obtained for them by a health professional. We noted that the provider had not completed an assessment on the use of the bed rails for a person who needed the support of staff to get in and out of bed and make sure the bed was safe. The manager told us she would ensure this was completed.

People told us that there were enough staff to provide the care and support which they needed. They also told us that they were usually supported by staff who were familiar to

them. People's relatives did not raise concerns about the staffing arrangements. One person's relatives told us, "There are enough staff. [Person's name] has one to one staffing at the weekends so he can go out." The staff we spoke with told us there were enough staff to support people. One member of staff told us, "I just work with [Person's name]. There is good consistency of staff for people."

Our previous inspections had identified that some improvements were needed to the recruitment process for new staff. A system to explore any gaps in potential applicants employment history and been introduced. The manager told us, and records confirmed, that staff were appointed through a standard process which included obtaining two references and checks through the Disclosure and Barring Service (DBS). This was to ensure that staff were suitable for their role before they started work. This was also confirmed by newer members of staff that we spoke with.

The manager told us that the majority of people they supported needed assistance to take their medication. We saw instructions for staff showing which medication people needed to take. People's needs in terms of support in this area were recorded in their plans.

Staff who administered medication told us that they had received training to do this and had also been assessed to make sure they were competent to do this task. We asked some of the staff we spoke with what actions they would take if a medication error occurred. Staff were able to describe the appropriate action.

Administration records had been completed so that the provider could check that people had received their medicines as prescribed. Some people required medication on a 'when required' basis. Guidance on when to give this medication was available but we found this sometimes lacked detail. We discussed this with the manager who told us these would be reviewed.

# Is the service effective?

## Our findings

Staff told us, and records confirmed that staff had received induction training when they first started to work for the service. This covered the necessary basic areas. One member of staff told us, “The induction covered everything I needed to know.” The manager was aware of recent good practice for staff new to the care sector to complete ‘The Care Certificate.’ We were told the provider was in the process of mapping their current induction to the new certificate as they felt this already covered the elements required in the new certificate. The manager told us, and staff confirmed that new staff worked at least three shifts alongside a more experienced member of staff before they worked on their own. One member of staff told us, “I was asked if I was confident or wanted more but I was okay.”

Staff received on-going training to make sure that they continued to have the skills to provide people with appropriate care and support. The provider had a system in place that identified when staff were due refresher training so that they could plan for the necessary training to be arranged.

Discussions with staff and training records confirmed that staff received additional training dependant on the needs of the people they were supporting such as epilepsy awareness or managing behaviour. The business development manager told us that some staff had recently received training in conjunction with a local school to support people to live and work more effectively in the community.

Staff told us that they received support and supervision from their managers in the form of formal and informal one to one sessions and observations and records confirmed this. One member of staff told us, “I have supervision every six weeks and feel supported.”

People told us they were able to make everyday choices for themselves, such as when they went to bed and got up and what they wanted to eat. One person told us, “There are no rules here.” One person’s relative told us, “He has free rein to do what he wants to do.”

We found that staff had received training in the MCA. However the provider had not conducted assessments when people were thought to lack mental capacity in regard to making specific decisions about their care. We saw some examples in people’s care plans where the

support provided may be restrictive to the person. For example, one person’s care plan said they were only to have plastic crockery and another person’s care plan recorded that staff were to remove sharp objects from their room. Care plans did not show that issues of consent to these practices had been explored or that decisions taken on behalf of the person had been in their best interest.

One person’s care plan recorded that they may leave home without telling staff. The care plan recorded that if the person declined to come home that staff should contact the police. We queried this with the manager as the person was not under any deprivation of liberty authorisation. The manager told us that in practice staff would only contact the police if they thought the person was at risk of harm and that they would review the wording of the care plan.

One person had recently had a new bed with rails. There was no evidence in their care records to show issues of consent or capacity had been explored. We raised this with the manager who told us a health professional had arranged for the bed and that they would contact them to discuss this.

People told us that they chose what they ate and drank. People went shopping on their own or with staff support if needed. One person told us, “Staff help me to do my food shopping and help me to cook.” Staff we spoke with could explain what people liked to eat and drink and how they would support them in line with these wishes. Some people were at risk of choking and needed their meals prepared in a certain way to reduce this risk. The staff we spoke with were aware of this. We checked the food records for one person and saw that food served was in line with the persons needs.

The provider had taken action when a person was thought at risk from malnutrition. One member of staff told us that a person who had previously been underweight had received input from a dietician who had recommended a fortified diet. They told us the person had put on weight and had now been discharged by the dietician. Staff continued to monitor the person’s weight and food intake to ensure the person ate and drank enough to stay well.

People told us that the provider helped them to access other health care professionals when necessary to

## Is the service effective?

maintain their health. One person told us, “Staff help me when I am not feeling very well.” One person’s relative told us, “They support with healthcare and the staff were brilliant at a recent appointment.”

One health care professional told us that staff understood the needs of the person they were working with and acted on any advice they gave. However another health professional told us they thought the manager needed to keep closer observations on staff to ensure they were supporting a person’s in respect of health needs and following professionals’ recommendations. They told us they had recently raised a concern with the manager that staff had accompanied a person to hospital when they were unwell but had not stayed with the person at the hospital.

Staff had access to contact details for health professionals who worked with people and they supported people to attend appointments when needed. One member of staff explained to us that people had a diary so that no appointments were missed.

We saw that one person was experiencing some current health concerns regarding constipation. We saw they had a care plan in place but this was not specific about when staff needed to seek medical advice. However, in this instance this had not had a negative impact on the person as staff had contacted the person’s GP.



# Is the service caring?

## Our findings

People spoke with affection about the staff who supported them. One person told us, “The staff are nice.” Another person told us, “Staff are nice to me when I get upset.” One person’s relative told us, “The staff are all kind and caring in their approach.” Another relative commented, “The staff are kind and caring and know his ways.”

We observed positive interactions between staff and people using the service. People seemed relaxed and comfortable in staff company. When we heard one person crying outside of their home during our visit, we also heard staff promptly approach the person to find out what was wrong and ask what they could do to make them feel better.

One person told us, “I only have female staff which is what I want.” One person’s relative told us, “The staff were handpicked to match [Person’s name] personality.” Staff told us that people could choose what gender of staff provided care and said that the rotas were prepared to accommodate people’s choices in this respect. One person told us that staff usually respected their privacy and dignity but that sometimes staff forgot to knock or ring the doorbell before entering their home. When first visiting people in their own homes we saw that staff rang the doorbell and sought permission before we entered.

Staff demonstrated that they understood the importance of respecting people’s choices. The manager respected people’s choice not to invite us into their property if they did not want to by providing us with a venue in which to meet a person who did not want to invite us into their home.

When a person needed support to express their views the manager had referred them for some assistance from an advocate. The manager had recognised the value to the person of having an independent advocate to help them express their right to choose where to live and who they would like to support them with personal care.

People said that staff helped them to maintain relationships with people of their choosing. Whilst we were in one person’s home we saw that staff had been supporting them to purchase and gift wrap a birthday present for a relative. People told us and their care records showed that they made or received regular visits to relatives and friends.

People we spoke with and relatives confirmed that people were supported to maintain or develop their independence. One person told us they had opportunities to do their own shopping and cooking. One relative commented, “They do try and promote independence.” A member of staff told us, “We do try and get people to do as much for themselves as they can.”

Staff were able to demonstrate that they knew people’s personal preferences and supported them to engage in activities they wanted to do. During our visit one member of staff said they would support a person however they wanted and another member of staff told us they were supporting a person to go to the library. They also told us they might collect some leaves on the journey as the person liked to do art-work and they thought the leaves might make a nice collage.

# Is the service responsive?

## Our findings

Some of the people we spoke with told us they knew they had been involved in establishing their care plans, other people could not remember or did not know. One person told us, "I have my own care plan in my folder, it is supporting me to be independent." Another person told us they did not know if they had a care plan, but then they told us they often asked staff to read out what they had written about them in their care records and they did this when requested. Some of the relatives we spoke with told us they had been invited to participate in people's review meetings.

Each person had a care plan that had been kept up to date. Staff were allocated to each person and were involved in the care planning process. This gave staff access to information and guidance about how people wanted to be supported. We raised with the manager that some care plans would benefit from some additional detail about the support people needed.

We saw that people needed support in different areas of their lives. Some people needed full time support and others needed specific assistance in one area. People expressed confidence that staff would support them to undertake activities of their choice and to follow their interests. People told us that they were supported to attended college and visited friends and family members when they wanted. One person's relative told us, "He now does the things he should have been doing years ago. Now he goes to college." Another relative told us, "Staff take [Person's name] out, to meals, the cinema and shopping."

When necessary we saw that the provider had ensured staff received the appropriate knowledge and training so they could support people to engage in interests they said were important to them.

One member of staff told us that they thought a person was getting fed up with a particular activity. They told us they had raised this with the manager and that actions were being taken to support the person to identify alternative activities they would like to do.

People told us if they were not happy about something they could talk to staff or report it to the manager. One person told us, "There is someone I can complain to and I think I will be listened to." One person's relative told us, "If I raise any concerns they are acted on straight away, as soon as the phone is put down." One relative told us they had not make any formal complaints but had raised some initial concerns when the person had first started using the service. They told us that action had been taken to resolve their concerns.

The service had a policy and procedure for dealing with complaints. This included dealing with the complaint and feeding back to the person to let them know the outcome. People had received a copy of the service user guide, this was in large print and included the complaints procedure.

We looked at the procedure followed for a complaint that had been resolved. We saw that the manager had taken action to investigate the concerns raised and had communicated the outcome of the complaint and the actions they had put in place. At the time of our visit there was an on-going complaint investigation. The manager told us the outcome of this would be added to the complaint log once known.

# Is the service well-led?

## Our findings

With the exception of a relative we spoke with before our visit, people and their relatives were complimentary about the management of the service and felt if they raised concerns they would be acted on. One person's relative told us, "The managers are all approachable but I have never had to raise any concerns."

The service had a registered manager in post at the time of our inspection. They told us they were in the process of recruiting a senior co-ordinator to assist them in completing audits on how the service was performing. The staff we spoke with told us the managers were approachable. Staff comments included, "The managers are fair" and "Suggestions are listened to."

Staff meetings were arranged on a regular basis so that the manager could feedback any issues to staff to help improve the service people received. It was also an opportunity for staff to share their views and opinions. However a health care professional told us the communication between staff required improvement.

We asked staff about the communication arrangements. One member of staff told us, "We get good communication from the managers; they do take on any suggestions that we make, that's the good thing about working here." We became aware that one person had a current health issue and staff had sought advice from the person's GP the day before our visit. We asked the manager about the outcome of this advice and what the next steps for the person were if the course of action advised was not successful. The manager did not know that there was a current health issue for this person and told us that staff had not made her aware of the issue. This meant that in this instance, the communication systems had not been effective.

There was on call support from the management team at all times. Most staff told us they had not had to use the on-call system but one member of staff who had used it said they had not encountered any difficulties in getting hold of the manager.

The provider conducted spot checks to observe if staff supported people in line with their care plans to see if there were any areas for improvement. A member of staff told us,

"They [the managers] do random spot checks every week." We noted that these checks had regularly identified that staff were not always wearing their identity badges however staff were wearing these during our visit.

The views of people, their relatives and staff had been sought by the provider via quality questionnaires. An overview report of the findings had been completed and these showed that people were generally satisfied.

We saw evidence that some incidents had been used to learn from; when some medication errors had occurred these had been addressed with the individual staff concerned. The manager also told us that as a result of these errors the service had reviewed the medication training that was provided to staff. They told us that an additional training package had been purchased and that with the exception of new staff, all staff had either completed or were in the process of completing this.

The manager kept a log of accidents and incidents that had occurred at the service but was unable to evidence that a detailed analysis of all incidents and accidents was undertaken. This would have assisted in helping identify and patterns or themes over time.

The process to review individual incidents was not as effective as it could be. The manager told us that staff completed the incident reports and that she reviewed each one to see if any actions were needed. We saw that for one person there were several incident reports regarding some difficulty when managing their behaviour. The incident reports did not always show that staff were correctly following the person's behaviour guidelines and were offering contradictory advice. Records showed that staff had sometimes not offered the person choices and alternatives which were in line with their care plan. The audit of the incident record had not picked up on this as an issue. These practices had also been raised with us as a concern by the person's relative and social worker.

The provider had failed to understand some of their responsibilities. Whilst a copy of the previous report was on display in the office showing the rating of the location we saw that the provider's website did not tell people the rating of the location. The manager told us they had not been aware of the requirement to do this and would ensure this was rectified. We looked at the provider's website following our visit and saw this had now been done.

## Is the service well-led?

Whilst we had received several notifications from the provider informing us of incidents they were required to, we had not been sent all of the notifications required by

the regulations. We had not been informed of all safeguarding occurrences and of incidents where the police had been called to the location. The manager told us she would ensure these were completed.