

Crown Home Care Limited

# Crown Home Care Ltd

## Inspection report

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05 August 2019

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Crown Home Care Ltd is a domiciliary care service providing personal care to people. At the time of the inspection the service was supporting 72 people.

Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives told us the service was safe. Staff understood signs of possible abuse and how to raise concerns. Risks to people were assessed and known by staff. People were supported by staff who had undergone appropriate recruitment checks. Medicines were administered appropriately. Incidents and accidents were thoroughly investigated.

People experienced good outcomes because staff were skilled and involved the appropriate healthcare professionals. Staff experienced effective support by senior staff and the registered manager including an induction, ongoing supervision and appraisal. This enabled them to provide good quality, effective care. People's hydration and nutritional needs were met.

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

Staff provided caring and compassionate support. Staff supported people to have experiences that they enjoyed and that improved their wellbeing. People were encouraged to remain as independent in their daily activities as possible. People and relatives confirmed to us that they were always treated with dignity and respect.

People's needs were holistically assessed and met by the care provided. People were treated equally and without discrimination. People were supported to continue activities that were meaningful to them. Complaints were well managed and responded to appropriately. End of life care was provided effectively and compassionately.

We received positive feedback about the management of the service. The registered manager and senior staff promoted a positive, open and honest culture within the service and understood their regulatory responsibilities. There were appropriate systems in place to monitor and improve the service. The service had appropriate links with the local community for the benefit of people.

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

#### Rating at last inspection

The last rating for this service was good (published February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Crown Home Care Ltd

## 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.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The care provided varied from one visit per day to live-in care. This is where a staff member lives with the person providing continuous support to them.

The service had a manager registered with the CQC. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2019 and ended on 05 August 2019. We visited the office location on 30 July 2019 and 05 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, director and care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed further information sent to us by the provider. We received feedback from one external professional.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood the signs and types of abuse. They were confident in how to raise concerns to senior staff. The registered manager understood their responsibilities related to safeguarding and had taken appropriate action where any concerns were received, including involving the local authority.

Assessing risk, safety monitoring and management

- People and relatives told us they felt safe using the service. When asked if they felt safe one person told us, "Absolutely 100 per cent." Appropriate measures were put in place to minimise risks to people. This included equipment where appropriate, for example one person had a sensor mat in place to alert staff when they got up during the night. This enabled staff to support the person whilst walking and reduce their risk of falls. Staff monitored people for health concerns such as pressure sores or weight loss.
- Risks to people were monitored and communicated well within the team and staff handed over people's needs effectively from one to another when needed. For example, it was communicated that a person had a urine infection and for staff to be vigilant as this may have increased their risk of falls. Risks were clearly documented in care plans and on records named 'risk advisory form' used to document when people decided to take a risk that the service had advised them against.
- The phones used by staff had an application with an 'SOS' button that transferred them through to the office and then on call phone immediately. This was to be used in the event of an emergency or urgent concern and gave staff a quick method of getting support.

Staffing and recruitment

- Procedures were in place to prevent the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and references were obtained, and candidates attended an interview to assess their suitability for the role.
- We noted some gaps in the employment history of two staff members. It is important for providers to establish the full employment history of prospective employees as part of their assessment of their suitability for the role and to enable them to carry out background checks as required. The registered manager corrected the records during and immediately after the inspection and had no concerns about the employment history of the staff members.

Using medicines safely

- People and relatives told us they had no concerns about how medicines were managed. Medicines were ordered, administered and disposed of appropriately. We observed medicines to be appropriately

administered for one person.

- Due to the electronic system the service used, they were able to audit medicines administration records daily. They also reviewed them on a weekly and monthly basis.

Preventing and controlling infection

- Staff took necessary precautions to prevent the spread of infection. We observed staff washing their hands and wearing personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Incidents and accidents were thoroughly investigated and acted upon by staff. This involved appropriate communication with healthcare professionals for advice or assessment when needed.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service provided care in line with national standards and guidance and worked to stay up to date with changes. The registered manager chaired the Hampshire Domiciliary Care Provider's Forum and used this opportunity to learn about and share best practice.
- The service had been awarded 'Homecare provider of the year' in 2018 at the Hampshire Care Awards. A staff member told us the delight staff had on receiving the award, "The feeling we got was phenomenal."

Staff support: induction, training, skills and experience

- Staff completed a thorough induction when they joined the service. Staff who were new to care also completed the Care Certificate. The Care Certificate standards are nationally recognised standards of care which staff are expected to adhere to in their daily working life to support them to deliver safe and effective care.
- Staff told us their training was good and enabled them to carry out their work effectively. Staff received training in a variety of subjects. If staff were identified to have a learning need, the service worked hard to support them to develop the skills required. For example, we saw records of a staff member who had received extra support with medicines administration. The registered manager also supported staff to undertake vocational qualifications.
- The registered manager and director were passionate about supporting staff to develop their skills. The director wanted to support staff to gain experience and progress in their role. They told us, "We want it to be a career path." The service had a link with Basingstoke College and encouraged their staff to complete accredited courses provided by the college.
- Supervision was carried out regularly. The registered manager ensured they knew how their staff were managing their work and told us, "We're very hands on." Staff felt well supported, one staff member told us, "I feel supported, I never have a problem." Senior staff received an alert from their electronic system when supervision, spot checks or appraisals were due.

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

- The service supported people to eat a balanced diet and encouraged people to have freshly prepared meals. When required they assisted people to go food shopping to maintain as much independence as possible in this activity. They prepared and cooked meals for some people. One person told us, "[Staff member] cooks for us very often she's really good and cooks what we want." The service also worked hard to present food in an appetising way.
- When required, people received specialist diets to support their nutritional needs. For example, high calorie diets for people who had lost significant amounts of weight or low sugar diets for people living with

diabetes.

- Staff spoke to us about the importance of ensuring people received enough to drink. One staff member told us they would encourage liquids in different ways if someone was dehydrated for example through different foods as well as drinks. The provider highlighted concerns about dehydration to staff during a period of hot weather and asked them to be extra vigilant about offering people drinks and leaving drinks for people to have when they left.

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

- Staff monitored any health concerns through the electronic system and ensured referrals to healthcare professionals were carried out in a timely manner. For example, if a person had symptoms of a possible illness these would be monitored closely and referred to the GP appropriately.
- Staff supported people to be referred to other appropriate healthcare professionals for example, the older persons mental health team, physiotherapists and occupational therapists. Staff endeavoured to be present at appointments with external professionals to support the person and get a handover of any changes required to the care being provided.
- Where appropriate, live in care staff stayed with people in hospital during the day to support them with personal care and ensure they received enough food and drinks during their hospital stay.
- Staff monitored people's mental wellbeing and the impact this could have on other areas of their lives. For example, we noted interventions by staff to support someone living with depression and associated sleep deprivation.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We checked documents related to people protected by the Court of Protection. We found the service was acting appropriately in relation to the decisions made by the Court of Protection. The registered manager, director and staff understood the principles of the MCA and supported people appropriately. Staff recognised the importance of least restrictive practice and enabling people to make their own choices as much as possible.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- There was a caring, supporting culture within the service which was promoted by the senior staff and registered manager. People told us the staff were caring, one person told us, "[Staff] are like friends to me." Another person told us the registered manager was very kind, they told us, "She's very caring and conscientious."
- Staff supported people to have meaningful and enjoyable experiences. For example, one person had a picnic and a bonfire outside with staff because this was something they had enjoyed in the past. A staff member told us the person spoke about how much they enjoyed this for a number of weeks afterwards and told us, "his face lit up again which was really lovely to see." Another person was supported to attend a family wedding which they enjoyed.
- One member of staff had started taking their dog to visit people who wanted to participate in this. People thoroughly enjoyed this, and it helped improve their mood and wellbeing. This had been particularly beneficial for a person receiving palliative care.
- People also received birthday cards from the service which demonstrated a caring approach from the staff.

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

- People and their relatives were appropriately involved in all stages of care planning and provision. Where appropriate, some relatives had access to their family member's care records online. This enabled relatives to stay up to date with any changes in their family member's care in certain circumstances for example, if they lived abroad. The service also sent photographs of people enjoying activities to their relatives to show them that their loved one was happy and had a good quality of life. Relatives also told us they were communicated with appropriately about any concerns such as health concerns.
- Care packages were reviewed annually with people and their relatives involved, or sooner if required. The reviews we observed included positive feedback from people and relatives about the care being provided.
- On a day to day basis people were supported to make decisions about what clothes they wore and what daily activities they did.

Respecting and promoting people's privacy, dignity and independence

- Staff recognised the importance of maintaining and improving people's independence. One person living with dementia was supported to maintain independence with signs in their home directing them to objects they needed to use for example, cutlery in the kitchen. This person was also encouraged to leave their home with support and go for a walk regularly as this had a positive effect on their wellbeing and reducing their

levels of confusion. Another person told us, "They really care, when we go for a walk they really encourage me."

- Care records reinforced the importance of maintaining independence in a person-centred way. For example, "It is important for [person] to feel useful around his home and still carry out useful jobs in the garden and around his home...all helps him feel useful and keeps him fit."
- Staff spoke to us about the importance of maintaining people's dignity through always being respectful and ensuring people were covered and given privacy during personal care. People and relatives confirmed to us that they were treated with dignity and respect.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care that met their needs. Staff arrived on time to provide support and the registered manager informed us there had not been any missed calls in the first seven months of 2019. The length of call times was closely monitored to check it was appropriate to meet people's needs and allow staff sufficient time to support people. People were supported to have call times that worked for them, for example one person's call time was moved as some of their medication needed to be given at a specific time.
- The registered manager and staff we spoke to knew people very well. This included their interests, personal histories and current needs. People were matched to staff members with similar interests as much as possible to help develop rapport. One staff member told us, "They really match up the clients well with the carers."
- People had comprehensive care records that included their personal histories, hobbies and interests and care needs. Any medical concerns were also noted clearly.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. For example, staff supported people to have time alone with partners to support their intimate relationship. Staff also supported people to attend religious services. The registered manager told us maintaining equality was an important part of the culture of the service that was reinforced throughout training, supervision and staff support.

Meeting people's communication needs

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

- The service ensured people were supported with any communication needs. For example, for one person who did not speak English as their first language it was arranged for a staff member who spoke the same language to support them. Another person had a communication board featuring the alphabet. They used this board to spell words when staff were unable to understand them. Staff regularly used whiteboards to communicate important information to people, for example which staff member was coming next and at what time.

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

- People were supported to do activities that were important to them for example, fishing and swimming. One person who had live in care was supported to go on a cruise. Another person enjoyed entertaining friends and family at their home and staff supported them to continue doing this for their wellbeing.
- People were supported to take part in activities within the local community, for example a memory café where people living with dementia could attend for social support. An external professional confirmed to us, "In our village there's quite a few groups [for people living with dementia] and they're very quick to encourage people to join those groups." People were also supported to go for walks in favourite spots, such as lakes and parks.

#### Improving care quality in response to complaints or concerns

- Complaints had been appropriately managed in a timely manner and an apology was given where appropriate. People and relatives were aware of the process of how to make a complaint. People and relatives felt comfortable to contact the registered manager with any concerns, one person told us, "I contact the manager, [they] always respond immediately." Any lower level concerns were acted upon immediately to improve the quality of care provided.
- We observed numerous compliments about the service.

#### End of life care and support

- The service worked closely with families to provide effective and compassionate care to people at the end of their lives. This care was planned effectively and thoroughly. Staff with appropriate skills in end of life care were allocated to support people during this time. The service sought support when required from a local hospice for advice on palliative care.
- Staff supported families with any reviews of the care of their loved ones carried out by external bodies such as Clinical Commissioning Groups. The service did this to support families during a difficult time.

# 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 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

- The registered manager and director had created an open and positive culture within the service. We received positive feedback about the registered manager from people and relatives, one person told us, "The manager is really great and knowledgeable."
- Staff had been invited to contribute to the process of choosing words to describe the culture and values in the service. Staff could then nominate each other for demonstrating those values. The staff member would then receive a thank you card and small gift from the management of the service. This helped to reinforce a positive culture where staff were valued. Staff also told us they received a card and gift on their birthdays and feeling valued by the management of the service was very important to them.
- Staff felt proud to work in the service and enjoyed their role. One staff member told us, "I really enjoy this job, I'm really happy."

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

- The provider understood their responsibility to always be open and honest with people and their relatives. This was demonstrated through the registered manager's response to complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibilities. Registered persons must notify CQC without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.
- Staff felt well supported by senior staff who followed correct processes. One staff member told us, "It's great to work for this company because they do everything they're supposed to, they do everything by the book."
- The previous inspection rating was displayed in the office and on their website.
- Information was communicated effectively within the team through team meetings and weekly update that were sent out to staff. This included helpful updates about the needs of people, general news about developments in the service and a thank you to staff for their support.

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

- The service sought feedback from people and their relatives annually. We reviewed the most recent feedback survey which demonstrated positive feedback. People told us that their preferences and opinions were always listened to. Equality was always considered and people with different needs were supported appropriately.

#### Continuous learning and improving care

- Since the last inspection, the provider had moved to a paperless records system. This enabled staff in the office to see records completed by staff providing care in real time. The system also enabled alerts to be sent to the office staff for example, if care tasks had not been completed. This enabled them to raise any concerns with care staff immediately. We received positive feedback from staff about the impact the new system had on the service.
- Due to the electronic system audits of care records were completed at least daily. Records were then updated regularly to reflect any changes to people's needs. Any concerns noted were dealt with and a 'round robin' email was sent to make all office staff aware of the actions taken. Office staff also monitored the involvement of other agencies for example, if a healthcare professional had visited a person with a staff member from the service.
- Medicines records were also audited on a daily, weekly and monthly basis. Any concerns found were managed immediately.

#### Working in partnership with others

- The service worked with outside agencies and healthcare professionals appropriately. The service also supported people to attend community groups for example charity coffee mornings.
- The service was working with the local village to increase awareness of the challenges people experience when living with dementia. They also gave out resources about dementia to improve understanding of the condition. The service also took part in charity fundraising events within the local community. The service was planning to develop their work with the local community more in the future.
- The service had links to local services for example a local hospice who they contacted for support with end of life care as needed.