

Crownwise Limited

# Crownwise Limited - St Andrews

## Inspection report

92 Drewstead Road  
Lambeth  
London  
SW16 1AG

Tel: 02087690668

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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

This comprehensive inspection took place on 21 and 26 February 2018 and was unannounced. Crownwise St Andrews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Andrews accommodates up to eight people with a mental health condition, in one large house over three floor house, in the London Borough of Lambeth.

The service had a registered manager in place. 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.

The service continued to develop and regularly review risk management plans to keep people safe. Risk management plans gave staff clear guidance on managing identified risks and minimising the risk of a breakdown in their mental health.

People continued to be protected against the risk of harm and avoidable abuse. Staff were aware of the providers safeguarding policy, how to escalate concerns and where appropriate whistleblow.

People received support from familiar staff that underwent rigorous checks to ensure their suitability for the role. Staffing levels were monitored to reflect people's level of needs. Staff underwent training to effectively meet people's needs, and received regular supervisions and annual appraisals to reflect and improve their working practices and the delivery of care.

Medicines were managed appropriately and regular audits carried out to quickly identify issues, so that the impact to people was minimal. Medicines were administered in line with the prescribing G.P.

The service had an embedded culture of ensuring people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff had sufficient knowledge of the Mental Capacity Act 2005 and

## Deprivation of Liberty Safeguards.

People continued to receive care and support from staff that respected and embraced their differences. People were encouraged to recognise and celebrate their culture and beliefs as and when they desired.

People were provided with foods that met their dietary needs and requirements, in line with guidance from a dietician and other healthcare professionals. People who required specific dietary requirements were provided with this and encouraged to make healthy choices.

The service had devised in collaboration with people, their relatives and healthcare professionals, care plans that identified their needs and gave staff guidance on how to meet their needs. Care plans were reviewed regularly to reflect people's changing needs.

The service supported people to engage in activities of their choice and that met their social needs. People were encouraged to attend day centres and other community based activities as well as in-house activities organised by the activities coordinators.

The service had an embedded culture of undertaking audits to drive improvements within the service. Audits that identified issues were actioned swiftly. The provider continued to seek people's views through regular meetings, quality assurance questions and consultations

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service remains Good.

### **Is the service effective?**

**Good** ●

The service remains Good.

### **Is the service caring?**

**Good** ●

The service remains Good.

### **Is the service responsive?**

**Good** ●

The service remains Good.

### **Is the service well-led?**

**Good** ●

The service remains Good.

# Crownwise Limited - St Andrews

## **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 unannounced comprehensive inspection took place on 21 and 26 February 2018 and was carried out by one inspector and an expert-by-experience.

Prior to the inspection we reviewed the information we held about the service. For example, the Provider Information Return (PIR) and statutory notifications. A PIR is a form that requires providers to give us some key information about the service, what the service does well and improvements they plan to make. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan our inspection.

During the inspection we spoke with five people, four care staff and the registered manager. We reviewed four care plans, three staff files, the complaints file, maintenance file and other records relating to the management of the service.

After the inspection we spoke with two relatives and a healthcare professional to gather their views of the service.

## Our findings

People told us they felt safe living at St Andrews. One person said, "I don't mind the place. They [the staff] shut the doors at night. I'd tell them if I'd feel unsafe but this hasn't happened." Another person said, "It's a place I can come to for help." A relative said, "Yes I do feel [relative] is safe there. We visit and feel the staff are very caring."

Staff had sufficient knowledge of the provider's safeguarding policy, and what action to take if they suspected abuse. Staff confirmed they would raise their concerns with the registered manager immediately, document their concerns and if needed whistleblow to the relevant healthcare professional services. Records confirmed staff received on-going safeguarding training.

People continued to be supported by staff that followed the provider's comprehensive risk management plans. These documents highlighted the potential risk, historical behaviours, the people who might be at risk and control measures in responding to the identified risk. Risk management plans were reviewed every six months or when people's needs changed. Staff confirmed they found risk management plans vital in delivering safe care to people at St Andrews.

People continued to be supported by adequate numbers of staff to meet their needs. We received mixed reviews regarding staffing levels within the service. For example, one person told us, "They [staff members] are friendly, but they're usually dealing with something or someone all the time." However, a healthcare professional said, "I have seen three or four staff on during the day and I know they have a manager on call. I have no issue with that." We noted staff did not always have extended periods of time to spend with people just chatting. We reviewed the rota and found no gaps and where staff absences had been reported, these were covered swiftly. Staff told us they felt there were enough staff on duty to meet people's needs safely.

The provider had undertaken robust pre-employment checks on staff to ensure their suitability for the role. Staff personnel files contained two references, photo identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

We received mixed feedback regarding people's medicines management. One person told us they did not receive the medicine they wanted to receive and that this had been due to staff deciding to remove the medicine. We checked this with the person's medical and Medicine Administration Record (MARs) and found this not to be the case. Records showed medicines had been stopped in accordance with guidance from the prescribing General Practitioner (G.P). However, other people we spoke with confirmed they received their

medicines in a timely manner and as described. For example, one person told us, "They [staff members] give me my tablets on time." A relative said, "I'm not aware of any problems she always has them." We checked the MARs and found these were completed correctly, stocks and balances were accurate and the storage of medicines was in line with good practice.

The provider had taken reasonable steps to ensure the safety of the building. We reviewed the maintenance file and found where issues had been identified, work had been undertaken to address the issues in a timely manner. We checked and found electrical, gas and water checks had been undertaken in line with good practice.

The service had systems and processes in place to minimise the risk of cross contamination. A robust infection control policy was in place and the introduction of an infection control officer meant personal protective equipment (PPE) supplies for staff were available as and when needed. Staff also received infection control and management training.

## Our findings

We received mixed feedback with regards to the effective care and skills of staff members. For example, one person told us, "They [staff members] don't seem sufficiently skilled to look after me to see to my medical problems, perhaps more with my mental problems." However, another person said, "The staff are understanding and helpful." A third person said, "I feel I can ask them anything and they help me then." We raised our concerns with the registered manager who was able to demonstrate they continued to liaise with healthcare professionals to monitor and maintain the person's medical needs and well-being. We were satisfied with the registered manager's response.

Records confirmed people received support and guidance from staff that had undergone training to effectively meet their needs. Inductions provided to staff upon commencing their role, ensured staff's ability to deliver safe and effective care was in place prior to lone working. Staff confirmed the training provided equipped them with the skills required to carry out their role. Training included, safeguarding, challenging behaviour and breakaway techniques, Mental Capacity Act 2005, Deprivation of Liberty Safeguards and medicine management. The registered manager had a training matrix that showed when staff's training was due to expire in order to reschedule refresher training. On the last day of the inspection we identified there were three staff that required fire safety training. The registered manager confirmed at the end of the inspection that the refresher training had been rescheduled.

Staff continued to receive regular comprehensive supervisions and annual appraisals, which enabled them to reflect on their working practices, highlight areas of improvement and set achievable goals. Staff confirmed they found the supervisions helpful and could request additional supervisions if they felt this necessary.

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 people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. At the time of the inspection the registered manager and records confirmed people did not require a MCA and were in liaison with the



local authority mental health team for guidance and support with people's mental health issues. People's consent to treatment was sought prior to care being delivered, this was confirmed by a relative, healthcare professional and observations throughout the inspection.

We received mixed feedback with regards to the food and drink available to people at St Andrews. For example, one person told us, "The food is edible. It's not very nice. Perhaps they could employ a chef to make it more palatable." However, another person said, "The food is good. You get the three meals and tea. I'm happy with the food; they ask me what I want." A third person we spoke with told us, "The food is very good. I don't want anything changing." People confirmed they could choose alternative meals from that displayed on the menu and were offered choices. We shared the information with the registered manager who was able to show people were offered healthy alternatives however often declined this at mealtimes. The registered manager assured us, they would be looking at alternative ways to encourage healthy eating with people. The registered manager had also liaised with a dietician in order to encourage and support people to maintain a healthy lifestyle.

People continued to have access to various healthcare professional services to maintain and enhance their health and wellbeing. Records confirmed people attended the dentist, G.P, dietician, psychiatrist and hospital outpatient appointments as required. At the time of the inspection one person attended a healthcare appointment as scheduled. Records also confirmed where guidance and advice was given by healthcare professionals, this was then implemented into people's care plans and the delivery of care adapted accordingly.

## Our findings

People told us they were for the most part content with the support and care provided by staff at St Andrews. One person told us, "Staff are very good, patient and caring." Another person said, "The care is generally good. They are basically caring." A third person said, "Early in the morning they [staff members] have a chat with me. It's a care home where I'd like to stay. It's somewhere to go in the evening; it's nice to come back here."

During the inspection we observed staff spending time with people in the main lounge, although people felt this should happen more frequently. People appeared at ease in the company of staff. The service had a relaxed atmosphere where people were free to come and go as they pleased and were encouraged to have visitors to the service. At the time of the inspection one person had a relative visiting.

People's independence levels were monitored regularly. People were encouraged where possible to regain and enhance their independence safely with support from staff. Care plans clearly indicated people's dependency levels, which reflected in the staffing ratio. Records confirmed people were supported to enhance their daily living skills and were encouraged to attend cookery classes held by an Occupational Therapist.

People continued to be encouraged to make decisions about the care and support they received. During the inspection we observed staff asking people what they wanted to do and as to whether they wished to attend appointments, access the community or join in with planned activities. People were supported to make decisions by staff who offered them choices in a way they understood. People's decisions were respected.

The service encouraged people's diversity and treated people as equals. Staff were aware of people's differing religious and cultural needs and were able to meet these effectively in line with people's wishes; this was confirmed by one relative we spoke with. The service celebrated a wide range of cultural festivals and supported people to attend religious venues as and when they wished. Food provided was also culturally based, reflecting the wide range of cultures people shared within the service.

Staff continued to respect and promote people's confidentiality. Staff were observed during the inspection speaking to people in quietened tones to ensure they weren't overheard. Records were kept securely in a locked cabinet in a locked office. Only those with authorisation had access to these records.

## Our findings

People continued to receive care and support that was underpinned by a comprehensive care plan. One person told us, "I have a care plan. It's in the office." Another person said, "They [staff members] talk about how I'm getting on and my condition. I think I have a care plan. Every month they [staff members] record how I'm getting on and if anything needs changing or any requests." Care plans were based on the service needs assessment carried out prior to people moving into the service, which enabled the service to determine if they could meet people's needs.

Care plans contained information regarding people's mental health, behaviours, physical health, nutritional needs, family and social relationships, rehabilitation activities and a crisis contingency plan. A healthcare professional told us, "There is a care plan and if changes are needed they [the service] get in touch with us and have a discussion. I'm involved in the care plan review. We had one recently and they [the service] do take on board our views. They also highlight their limitations on their support which we review." The service held regular Care Programme Approach (CPA) meetings. A CPA is a meeting held with other National Health Services (NHS) mental health teams to support people in their recovery from mental illness, through a framework used to assess people's individual needs. Staff confirmed they read people's care plans in order to understand people better and how to support them in line with their wishes. Care plans were reviewed regularly to reflect people's changing needs and involved people, their relatives and healthcare professionals.

The service employed two part time activities coordinators to provide a wide range of activities to people. We received mixed feedback from people and their relatives regarding the activities provided. For example, one person told us, "I miss going out. There are no escorts available." A relative we spoke with said, "I don't think there are enough activities there, [relative] does go out sometimes. To a day centre twice a week." We found no evidence to support these statements. We also received positive feedback regarding activities from four people, for example, one person said, "I like reading books, watching TV, playing CDs. I go to Brixton market to buy CDs. Most days I go for a walk on Tooting Common. I make sure I tell [staff members] when I go out. I go to see my brother once a month. I like going out to the day centre once a week by taxi. I can go out at any time, [but] I need to tell someone." A relative told us, "[Relative] has been trying to teach the staff to play chess. [Relative] can get a taxi and go out and staff do go with [relative]."

People were not always aware of the provider's complaints procedure. However, they told us they would speak with either the staff members, registered manager, care-coordinator or relative should they wish to complain. We reviewed the complaints file and identified two official complaints had been received by the

service in the last 12 months. The registered manager had investigated each complaint, responded to the complainant and where appropriate action had been taken to mitigate further complaints.

People's preferences and wishes in relation to their end of life care were documented in their care plans. However, this did not contain sufficient information related to people's wishes, such as who they wanted to be informed of their death and who they would like to be present at their funeral. We raised our concerns with the registered manager who informed us they were in the process of completing the end of life plans by the end of March 2018. We saw the provider's policy that detailed a six step plan in documenting people's preferences for end of life care and treatment. We were satisfied with the registered manager's response and will be reviewing this at our next inspection.

## Our findings

The majority of people we spoke with were satisfied with the support they received at the service and felt it was well-led. For example, one person said, "I can approach the staff easily. It's a nice setup. For the time being I'm getting used to the people, I like it here. [Registered manager] makes sure everything is running smoothly." Another person said, "I'm glad they put me up here." A healthcare professional told us, "[Person] seems to have settled at St Andrews and as it's a smaller service this has helped their mental health, as [person] feels safe. The staff know [person] and the service is well organised."

People and staff spoke positively about the registered manager, stating he was a visible presence within the service. Staff were equally as positive, with comments that included, 'He's helpful', 'always here to help us find a solution to any problem' and 'we can speak to him whenever we need.' Throughout the inspection we observed people and staff accessing the office to speak with the registered manager and appeared at ease in doing so.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People continued to be encouraged to share their views and discuss matters of importance. People completed annual quality assurance questionnaires, which asked them for their views on the service, care provided and other aspects. This was then reviewed by the staff team and action taken to address identified issues, for example in relation to meals. Staff also encouraged people to be involved in the service development through consultations, which took place once a month and covered complaints, menus, personal areas and suggestions to improve the service.

The service carried out daily, weekly, monthly and annual audits of the service. These included, fire safety, health and safety, care plans and medicines management. The registered manager undertook a monthly audit of all aspects of the service which was then shared with the provider, who then carried out their own monthly service review. Issues identified during the audits, were then actioned accordingly.

The service had an embedded culture of partnership working with healthcare professionals to enhance people's lives. The registered manager told us, "Partnership working is important because we [the service] cannot deliver quality care in isolation." Records confirmed the service worked in partnership with the local authority mental health team, hospitals, psychiatrists and other healthcare professionals.

