

Alex Davis (Bedford) Ltd

The Crown

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

The Crown is a residential care home which can accommodate up to seven people. The service has been designed to accommodate people living with a learning disability or autistic spectrum disorder primarily from the Jewish community. However, non-Jewish people can also access the service. The accommodation is arranged over three floors and includes seven individual living spaces - each with their own ensuite and kitchenette facilities. Three of the living spaces have been designed for people with physical disabilities. Accessibility is further promoted through the inclusion of a lift and accessible outside space, including parking. At the time of this inspection there were three people living at the service.

Overall, the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

There was limited evidence the provider checked to make sure people received good quality, safe care and support. We found areas that continued to require improvement. However, a new registered manager had already identified most of these and was making changes to improve the service and people's experience of living at the service.

People were safe. Staff understood how to protect them from abuse and risks to people were managed, to ensure their safety and protect them from harm. Staff ensured people received their medicines when they needed them and ensured the premises were kept clean and hygienic.

There were enough staff to meet people's needs. Staff treated people with kindness, respecting their privacy and dignity too.

People were supported to stay healthy. Staff ensured people had a choice of food and had enough to eat and drink. They also helped people to access healthcare services when they needed to.

People were supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Since the last inspection opportunities had improved for people to participate in a variety of meaningful

activities, both in and out of the service.

The new registered manager promoted a positive culture that was person centred and open. People were given the opportunity to make suggestions and provide feedback about the service provided to them.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 7 December 2018).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Crown on our website at www.cqc.org.uk.

At this inspection we found improvements had been made.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Crown

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:

One inspector carried out this inspection.

Service and service type:

The Crown is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from one of the local authorities who work with the service. 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, or observed the care and support being provided to, all three people using the service. We also spoke with the registered manager, the team leader and two bank support workers.

We then looked at various records, including care records for two people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes, so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

After the inspection:

We continued to seek clarification from the registered manager and provider to validate evidence found. We asked for information about recruitment checks for new staff, maintenance and equipment checks, staff training, the financial contributions made by people living at the service and provider level quality monitoring checks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise and protect people from the risk of abuse. They understood how to report any concerns if they needed to.
- People told us they felt safe living at the service and our observations found they were comfortable in the presence of staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their safety and protect them from harm. This information had been recorded in their support plans, providing a record of how the risks were being managed to keep them safe.
- Staff understood how to support people if they became distressed, potentially placing themselves or others at risk. We observed several occasions when staff successfully and calmly refocused people's attention on other activities, such as having a chat or going out for a walk.
- Checks of the building were carried out routinely and servicing of equipment and utilities had also taken place on a regular basis, to ensure people's safety.

Staffing and recruitment

- At our last inspection we found inconsistencies in how required employment checks had been carried out for both staff employed directly by the service and agency staff, with some information missing. Pre-employment checks are important to demonstrate staff members are suitable for their positions. During this inspection, we found improvements had been made. Particularly in relation to the quality and thoroughness of checks that had taken place for staff employed directly by the service, to ensure they were fit and safe to work there. Records were also in place for agency staff, but these did not evidence that all legally required checks had been carried out. Before the end of the inspection the agency confirmed that all required checks were in place. The registered manager also told us they would meet with the agency, to ensure evidence of all required checks was always available before agency staff started work at the service.
- There were enough staff on duty to keep people safe, and we observed that people had their needs met in a timely way.

Using medicines safely

- At our last inspection we found that Medicine Administration Records (MAR) did not always contain enough information to explain when an error had happened, such as a tablet being taken from the wrong day in someone's medicine packaging. This placed people at potential risk, because staff working the next day might not be clear if someone had already taken their tablet. During this inspection, we found improvements had been made. A new count sheet had been introduced to check for potential errors and

stock levels twice daily. We checked a sample of medicines prescribed for one person living at the service and found them to be in good order, in terms of the correct stock numbers and safe storage conditions. MARs had been completed with no unexplained gaps and the reason for PRN (as required) medicines, had been recorded.

- People's behaviour was not controlled by excessive or inappropriate use of medicines. One person became anxious during the inspection and requested PRN medicine to reduce their anxiety. Staff explored other options with the person first, so the use of medicines would be a last resort. This strategy was successful and ensured the person did not require any additional medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff maintained good hygiene by using personal protective equipment (PPE) such as gloves when handling food or before providing personal care. Records also showed staff responsible for preparing and handling food had completed food hygiene training.

- We observed the service was clean, tidy and fresh.

Learning lessons when things go wrong

- Processes were in place to ensure lessons were learned when things went wrong. For example, the registered manager spoke about the actions that had been taken following a medicine error, to minimise the risk of a future reoccurrence.

- A new occurrence file had been introduced, so incidents and accidents could be monitored, and potential themes and patterns identified; to minimise the risk of them happening again.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At the last inspection we found staff were not aware of some key information to ensure people's needs were met in line with current legislation and guidance. During this inspection the new registered manager showed us they received information and updates from various organisations, to help them keep up to date with changes in legislation and good practice. They were aware for example of a new report aimed at promoting good oral healthcare in care homes. A notice board ensured staff had easy access to this information too.
- Recent records showed that people's holistic needs were assessed prior to using the service and at regular intervals after moving in, which ensured their care and support was right for them and achieved good outcomes.

Staff support: induction, training, skills and experience

- At our last inspection we found inconsistencies in the frequency of staff meetings and individual supervisions being held, to support staff in carrying out their roles and responsibilities. During this inspection we found several improvements had been made. A team leader had been recruited to assist the registered manager, and a new on call system provided support to staff out of hours. Both staff meetings and supervisions had been taking place on a more regular basis and a new supervision record had been developed, which provided a clear record of topics discussed and tasks to be actioned. In addition, a new handover form had been introduced to promote effective communication and the smooth running of the service on a day to day basis.
- Staff confirmed they still completed most of their training through a computer, sometimes known as 'e-learning' (electronic learning). Training records showed they had received relevant training to support them in their roles. However, we found gaps in the training provided to meet people's assessed needs, such as autism. The new registered manager confirmed they had already identified this as a need and had sourced classroom-based training in this and other key areas. In the interim e-learning training had already been assigned to staff to complete, to complement the new face to face training.

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

- Support plans contained information about people's dietary needs, which included cultural and religious preferences. One of the two shared kitchens at the service had been designated to meet the needs of Jewish laws and the provision of Kosher food. Staff were knowledgeable about food preparation and storage in this kitchen and supported people accordingly. The purpose of the second kitchen had changed since the last inspection and enabled people not wishing to follow the Jewish laws, to prepare and eat food of their

choosing. People were encouraged to prepare their own food and drinks as far as possible, and staff provided assistance as needed. Meal times were relaxed and arranged around the needs of people.

- Seasonal menus provided a choice of food and people contributed to the making of these. A new person had moved into the service and staff told us they would go through the menus and adapt these where needed, which ensured the person enjoyed their meals and had enough to eat and drink.
- Healthy eating was encouraged. We learnt that one person had successfully swapped fizzy sugary drinks for fizzy water, to promote their health and well-being. Staff were heard praising the person for this.

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

- Staff helped people to access healthcare services and receive ongoing healthcare support. Some people had complex and long-term healthcare needs, which required regular access to a range of healthcare professionals such as the local Intensive Support Team (IST). The IST provide a 24-hour service for people experiencing a mental health or challenging behaviour crisis. During the inspection one person requested to speak to a member of the IST team and staff ensured this happened. The registered manager described the team as "very supportive."
- A new year planner had been introduced which ensured people did not miss any of their routine healthcare check-ups, such as the optician or a medicine review. Records of the outcomes from visits with healthcare professionals were being maintained. One person was supported to see their GP during the inspection. Staff were clear with them about the purpose of the visit and ensured they understood before going.
- People's oral healthcare was supported. Records showed that people saw the dentist when they needed and support plans contained guidance for staff on how to help people to maintain their oral health.
- 'All about me' documents had been developed for people, which provided key information for health care professionals, in the event of someone needing to go into hospital.

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

- People's needs were being met by the adaptation, design and decoration of the premises. The building had been designed to provide living space that would promote people's independence, in terms of access for people with physical disabilities and facilities to support independent living skills. In addition, consideration had been given to meeting people's religious and cultural needs for example, by providing a separate faith and belief room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The new registered manager had identified potential restrictions in place for some people, associated with the provision of their care and support. They had correctly made DoLS applications which had been authorised. The registered manager was clear that each person should be individually assessed and decisions made based on their capacity and abilities. They explained this could mean some people having a

key for the front door so they could come and go independently, whilst other people would need staff to keep them safe in the community.

- The registered manager told us that staff currently paid for their own costs when they accompanied people on outings, such as paying for food and drinks. However, there could be occasions when people would need to pay for staff. There was no evidence of this happening however, there were no written records to show this had been agreed to by the people involved or assessed as being in their best interests – where someone lacked capacity to manage their own finances. There was also no clear written breakdown to help people understand what the service paid for and what they were responsible for contributing towards. The registered manager told us they would discuss this with the provider but in the interim, no one would be asked to contribute towards staff costs until these arrangements were fully in place.
- We observed staff routinely sought consent from people regarding day to day decisions, such as how they wanted to spend their time.

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

- People were treated with kindness and compassion. It was clear people felt at ease with the staff and felt comfortable chatting with them or approaching them for support. They did this regularly for a variety of reasons. We saw that staff listened to people and prioritised their needs.
- Staff showed concern for people's wellbeing in a caring and meaningful way. Two people sought reassurances from staff on a frequent basis throughout the inspection. We observed this was provided individually, in a calm and patient manner. Both people appeared to respond positively to this approach.

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

- People were encouraged to express their views and were actively involved in making decisions about their care and daily routines. One person talked about a decision that was important to them and would affect their future. Records showed that staff worked with the person, their relative and relevant professionals to explore this further.
- Staff explained people received support with making important decisions about their care and support from family members, where appropriate. In addition, everyone living at the service had also received support from an independent advocacy service to support them with making more complex decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity was upheld. On one occasion we watched a staff member quickly jump in to assist someone whose clothing had become loose. Throughout the inspection staff shared information about people with sensitivity and discretion, ensuring their right to confidentiality was upheld.
- CCTV was being used to monitor the outside of the building and some communal areas. Records showed that people had been asked for their consent to this and been assured that there would be no cameras in their bedrooms or bathrooms.
- The registered manager confirmed people's friends and relatives could visit without restriction. During the inspection relatives for two people visited the service. Staff made themselves available to discuss any areas of concern they might have or to share information, where appropriate. People were involved in these conversations and staff ensured their feelings and wishes were respected.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At the last inspection we found the form used to assess people's needs prior to using the service did not contain enough detail to establish their holistic needs. The new registered manager told us they planned to change this form. In the interim we saw they had captured additional information for someone who had recently moved into the service, to support them to develop a personalised support plan that reflected the person's physical, mental, emotional and social needs.
- Each person had a support plan which contained information about how they should receive their care and support. Additional records were being maintained to demonstrate the care and support provided to people daily.
- The new registered manager showed us they were in the process of introducing more personalised support plans. They planned to introduce monthly keyworker sessions too and involve relatives and relevant professionals, to help people identify and achieve their individual goals and aspirations.

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.

- We checked to see how the service was meeting this standard and found support plans contained information about people's individual communication needs. Some information had been provided in alternative formats using pictures, photographs and symbols. This included information about staff working at the service, the menus and how to raise a concern. The registered manager told us they planned to further improve on this through the new support plans. They told us they were already working with the local speech and language therapy team, to ensure staff had the right skills and tools to support people with their communication needs to the best of their ability.

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

- Improvements had been made to increase people's social opportunities and involvement since the last inspection. Each person had their own weekly activity planner which incorporated a mix of regular activities such as domestic tasks – which included laundry and shopping, and leisure interests. During the inspection people were busy and went out on several occasions for walks and to go shopping – which included grocery shopping for the service. One person went out with their relatives to do some Christmas shopping and for a

meal. The same person told us they had been supported to start a voluntary job at a local multi-purpose venue, starting in the new year, which they were looking forward to. Two people were also attending regular drop in sessions at a local ice cream parlour - organised by the local Intensive Support Team.

- Staff showed us display boards which contained information about fun national days as well as different religious holidays and beliefs. A festive tree had been decorated with handmade decorations - made by people who lived at the service, to celebrate both Hanukkah (Jewish Festival of Lights) and Christmas; bringing together the multicultural beliefs of people who lived at the service. One person looked proud of their contribution to this display when we spoke with them about it.

Improving care quality in response to complaints or concerns

- Information had been developed to explain to people how to raise a concern if they needed to. A new suggestion box had also been placed near the front entrance to the service, to encourage feedback from people, staff, relatives and visiting professionals. The registered manager told us they had not received any complaints since they had started working at the service approximately six months earlier.
- It was clear from observations throughout the inspection that people felt confident to direct their worries and concerns to staff as they occurred. Staff were seen to respond in a compassionate and reassuring manner, which visibly put people at ease.

End of life care and support

- At the last inspection we found that arrangements were not yet in place which ensured staff had the right knowledge to support people at the end of their life, to have a comfortable, dignified and pain free death. During this inspection this had improved and we found detailed and personalised records for one person, that reflected their individual preferences and cultural needs. Although the service was not currently supporting anyone who required end of life care this information would support staff in knowing how to ensure the person's comfort and wellbeing, in the event of them becoming unwell suddenly.
- Two further people had moved into the service recently and the registered manager confirmed they would work with the people involved and their families, to understand their individual wishes and preferences too.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection we found the systems to monitor the service, in terms of quality and continuous improvement were not sufficiently robust. Although some audits had taken place, there was little evidence the provider carried out their own checks – so they could be assured about the quality of service provision. We identified several areas during that inspection which required improvement. At this inspection there was still no evidence of provider level monitoring and oversight, and we identified areas that still required improvement. This included staff recruitment checks, a lack of clarity and consent regarding financial costs and training to meet the assessed needs of people.
- Since the last inspection a new registered manager had been recruited, who had made several changes to enhance people's experience and to drive continuous improvement. They had read the last inspection report and begun to address some of the areas requiring improvement. They had also started to set up a quality monitoring file and there was evidence of some audits had taken place, this included medicines and accidents / incidents audits. However, the lack of an effective quality monitoring system had not supported them to identify all the areas which required action. They told us the provider visited the service on a regular basis but there were no records to show this had happened, or that they had checked to make sure the service was fully compliant with the regulations. This meant that opportunities for evaluating learning at provider level, were not used to drive continuous improvement and manage future performance.

The provider responded after the inspection. They told us they had carried out audits twice since the new manager had started. They sent us copies but we noted they had not commented on the quality and content of records they had checked. They acknowledged further improvements were required and explained they were already in the process of negotiating with established external companies that could support and strengthen their existing processes. They told us they hoped to implement these changes early in the new year.

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

- We found the new registered manager to be open and knowledgeable about the service and the needs of the people who lived there. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, the registered manager took swift action to address areas we asked more questions about or identified for improvement.

- Records showed that legally required notifications were being submitted to us (CQC) as required, and when things went wrong people and their relatives were kept informed too.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection there had been no formal processes to gain feedback from people to develop the service. At this inspection, this had started to improve. The new registered manager had recently developed and sent out satisfaction surveys to people, relatives and professionals - who worked with this service. These had not all been returned but we did see one from a professional that included the following feedback, 'Staff and manager welcoming'. We also saw the registered manager shared regular updates with one relative by text. The relative did not live locally and they had indicated in their responses they were grateful for being kept informed and involved.
- Staff told us they felt well supported by the new registered manager and said they had introduced positive changes at the service which had benefited the people living there. One staff member told us they had, "Learnt a lot from her."
- Staff were confident and motivated as a result. They interacted with people and one another collaboratively, in a respectful and positive way. This created a relaxed and comfortable atmosphere for people living at the service.

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and a variety of external health care professionals to support care provision, service development and joined-up care in an open and positive way.