

Crowstone Manor Limited

Crowstone Manor

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?

Good ●

Summary of findings

Overall summary

This inspection took place on the 23 May 2016.

Crowstone Manor Care Home is registered to provide accommodation and personal care for up to a maximum of twelve older people. The service is not registered to provide nursing care. At the time of our visit there were 11 people residing at the service.

The service has a Registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely. Staff received opportunities for training and supervision.

People were safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005 and had some knowledge of Deprivation of Liberty Safeguards (DoLS). The Registered manager had a good knowledge of how to assess and identify people who meet the criteria for DOLS application and who would authorise the application this being appropriate applications had been made to the Local Authority.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met.

People were provided with the opportunity to participate and engage in activities of their choice which met their needs. Relatives and people who used the service knew how to make a complaint and we felt assured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views which included holding meetings with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

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.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensured their safety and wellbeing.

Medication was managed and stored safely.

Is the service effective?

Good ●

The service was effective.

Management team had a good knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights were protected.

Staff received a suitable induction. People were cared for by staff that were appropriately trained to meet their needs. Staff felt supported in their role.

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

Is the service caring?

Good ●

This service was caring.

Staff were kind and treated people with dignity and respect.

Staff made efforts to seek people's views about their care and took these into account when planning the care and support.

Staff communicated well with people in a variety of ways.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

There were varied activities to support people's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

This service was well-led.

The service had an open culture where staff and people living in the service were included and encouraged to participate in aspects of running of the service.

The registered manager had developed good links with the local community and local services.

The registered manager provided staff with appropriate leadership and support.

Staff and the registered manager worked effectively as a team to ensure that people's needs were met.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Crowstone Manor

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 the 23 May 2016 and was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

As part of the inspection we spoke with five people who used the service, two relatives and two members of care staff. We also spoke with the Registered manager and the deputy manager both of whom are also the Provider.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of this inspection we reviewed five people's care records. We looked at the recruitment and support records for two members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

People living in the service told us they felt safe. One person told us, "The care staff and the manager always make sure I am safe and always regularly check on us throughout the day and night to ensure we are okay, on some occasions one of the staff will take me out for a walk around the block and make sure I am safe whilst I am out." A relative informed us, "Before my relative moved in we came to view the home and immediately my relative asked to stay as they felt safe in the environment, I know when I leave the care home my relative is safe which helped us accept that we supported them to make the right decision."

Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One staff member informed us, "People we look after need us to make sure they are safe, if I was to witness possible abuse I would speak to my manager or deputy manager and ensure that this is reported to social services." Staff felt reassured that the management team would act appropriately in the event of any future concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately and in a timely manner by the management team. All staff had attended safeguarding training. A staff member said, "We attend refresher safeguarding training and if we need more training we can request this from the management team who are very accommodating. Also we have team meetings whereby we can discuss topics such as safeguarding or manual handling as to ensure that we are all up to date with current legislation. This helps us ensure we are protecting people in the service as some are very vulnerable."

Staff had the information they needed to support people safely. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for people at risk of falls; these showed how the service would support people and ensure their safety whilst respecting their freedom. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were 'STAND UP' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. In addition, identified risks such low ceiling, loose flooring and

uneven surfaces had been highlighted with hazard signs to aid people using the service.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. One person told us, "There is always care staff around to look after us and if need help all you have to do is press the buzzer and one of the staff will come to you straight away." The registered manager adjusted staffing numbers as required to support people needs. The registered manager informed us that staffing levels at the service were based on each person's individual needs. This was confirmed by our observations of the care people received and the records reviewed.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 11 people's medication administration records (MAR) and found them all correctly completed with no unexplained gaps or omissions. We observed staff doing the medication round. Staff explained to people what medication they were being given then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed that all the staff promptly cleaned areas after every use.

Is the service effective?

Our findings

We found staff at all levels to have good knowledge and the skills they needed to provide good quality care to people using the service. One relative informed us, "I have found staff to have the knowledge of the people they are caring for and always the interests of my relatives and other residents at the centre of everything they do." Another relative added, "We have found staff to be very knowledgeable about our relative's needs and also the needs of other people in the home, when I have phoned or visited the home whoever is present on the shift is always able to tell me how my relative is on the day."

Staff told us they attended mandatory training when they first started work and that they also attended refresher courses as and when required and this was regularly monitored by the management team to ensure all staff kept up to date with their training and they understood their role and could care for people safely. Looking through staff's training folders it was evident that all staff had attended all the mandatory training. For example We observed staff assisting people to transfer and this was all done in accordance to people's care plans and appropriate use manual handling techniques. Staff training was provided both 'in house' and also arranged by the local authority. Staff were also encouraged to do additional training and development to continually develop their skills.

Staff received a robust induction to ensure they understood their role and could care for people safely. Records confirmed this and staff told us that before commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting. There was a period of being observed by an experienced member staff and by the registered manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting. The registered manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied.

Staff had regular supervision. Staff informed us that this gave them the opportunity to sit down with the Registered manager and discuss any issues they may have on a one to one basis. Staff confirmed that supervision was always about staff and also looked at ways in which staff could develop and best support the people they are caring for. Staff informed us that they had regular team meetings with the management team and all staff were given the opportunity to speak out on any issues that may affect them at work. Staff felt supported by the registered manager and could speak to them at any time which was evident during our inspection. We reviewed the monthly meetings folder and found the service was holding meetings with staff, people and relatives on a regular basis. The manager told us that the meetings gave people the opportunity to discuss people's care and the running of the service and everyone present at the meeting was encouraged to be open and transparent about any concerns they may have.

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

We looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. Details on how to involve the person in decision-making according to their individual levels of understanding and preferred communication methods were included in each person's care plan. In addition an Independent Mental Capacity Advocate (IMCA) was available when required to advocate for people, to ensure that people's rights in this area of their care were protected.

The registered manager and staff showed a good understanding of their responsibilities when it came to applying for DOLS, however we did highlight to the management team staff's knowledge on DoLS needed to improve as some staff were not sure on how and when DoLS would be applied and why. We observed staff consulting with people about how they wanted their support to be delivered, if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where people had been assessed as lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to ensure people's wishes and feelings were being respected.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supported people to make themselves a drink. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. One person said, "The food here is very good, and we are always given a choice of what we want to have." People's body language showed they were happy with the meal time experience and the food they had been served. The food was cooked using fresh produce, in the morning staff went around to all the people to discuss the meal choices for lunch and tea time.

People's healthcare needs were well managed. We noted that people were supported to attend any hospital appointments as scheduled. When required, the service liaised with people's GP, district nurses and community mental health services to ensure all their healthcare needs were being met, in addition people were supported to obtain dental care and vision tests as and when required. One relative informed, "The manager and staff will always contact us when my relative is unwell and will make arrangement for either my relative to go into hospital or for a doctor to come out and see them."

Is the service caring?

Our findings

The service provided care and support to people in a safe and caring environment and welcomed visitors. Relatives of people living at this service told us that the staff were caring in their approach.

We observed and heard staff listening to people's wishes, needs and then proceeding to support people accordingly to ensure that their needs were met in a caring manner.

People and their relatives were actively involved in making decisions about their care and support. Relatives added they had been involved in their relative's care planning and would attend care plan reviews. The registered manager went on to say they regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care. For example how people preferred to have their needs met and when. We also found care and support plans to have detailed recordings of each person's interests and how staff would support them to take up their interests. This gave staff an opportunity to get to know them and their individual support needs.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. Staff respected people's privacy by only accessing their rooms after consulting with people.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role. We noted that people were smartly dressed. Care staff supported people with ensuring they had clean clothes on before accessing the community.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person confirmed people's relatives and friends could visit whenever they wanted and said, "My relative visits almost every day." Daily notes confirmed this.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The management team met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service before moving in, this would allow them to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan was then put in place before they came to live at the service. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. The registered manager and staff used the information they gathered to plan people's support. Support plans were reviewed and changed as staff learnt more about each person change in needs, for example when a person's mobility reduced the care plan were changed to reflect how the person's needs would be best met.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needs, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service also encouraged people to access activities in the community. The registered manager advised that staff encouraged and supported people to develop and sustain their aspirations. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

The registered manager was visible within the service and informed us when they were absent the deputy manager covered. Both kept each other informed and updated of all the activities within the service. The registered manager and deputy manager had a very good knowledge of all the people living in the service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. This enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and their staff. They informed us the service had a family feeling and this was due to the service being a family run business.

The Registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also gave relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation.

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