

Alex Davis (Bedford) Ltd

The Crown

Inspection report

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Date of inspection visit:
27 September 2023
01 October 2023

Date of publication:
01 December 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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 7 adults who have a learning disability and / or autistic people. At the time of this inspection there were 2 people living at the service.

The accommodation is arranged over 3 floors and includes shared living and kitchen areas, with 7 individual bedrooms - each with their own ensuite and kitchenette facilities. Of these, 3 have been designed for people with additional physical disabilities. Accessibility is further promoted through the inclusion of a passenger lift and accessible outside space, including an enclosed garden and parking on site.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

We found areas requiring improvement such as: reporting potential safeguarding concerns to the relevant authorities, increasing staff awareness regarding CQC inspections and access, the quality and safe storage of records and quality assurance processes; which focused more on systems and processes, rather than people's lived experience and quality of life.

The provider had installed CCTV in communal areas of the service however, they had not consulted with people living at the service or gained their consent to being filmed. This meant people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Despite this, a new manager was in post who demonstrated a strong commitment to improve the service and address all the inspection findings as quickly as possible. They made a number of changes before the inspection finished but these were too recent for us to assess the effectiveness of all the actions taken on this occasion.

Staff helped people to stay safe by managing known risks, such as falls and seizures. People were protected from the risk of infection because they lived in a clean, tidy environment.

Staff understood how to support people if they became distressed. They were kind, patient and respectful towards people at all times. Staff consistently followed agreed support plans to refocus people and ensure people's behaviour was not controlled by excessive or inappropriate use of medication.

There were enough staff to spend quality time with people, as well as meeting their essential needs. However, plans sometimes needed to be made in advance to ensure there were always enough staff to enable people to have a bath, or go out if they wished to do so.

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 Good (published 10 January 2020).

The service went through a period of dormancy (when it was closed) from December 2020 until October 2022.

The overall rating has changed to Requires Improvement, based on the findings of this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about personal care, medicines, risk management, recording and reporting safeguarding concerns, and staffing levels.

We undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

The Crown is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Crown is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new manager had been recruited and submitted an application to register. We are currently assessing this application.

Notice of inspection

We carried out 2 visits to the service. Both were unannounced and took place over an evening and a weekend.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with, and observed the support provided to, both people living at the service; to understand more about their experience of the care provided.

We spoke with 1 relative and 7 members of staff including: the nominated individual, the new manager, 1 senior support worker and 4 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including care, risk management and medicine records for both people using the service. We also looked at a variety of records relating to the management of the service, including policies and procedures, staff files in relation to recruitment and staff supervision, audits, and meeting minutes. Review of this information allowed us to corroborate our findings, and ensure the care and support provided to people was appropriate for them.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- Records showed staff had not reported all instances of potential abuse to the Local Authority safeguarding team or the Care Quality Commission (CQC). Although there was no evidence anyone had come to harm as a result, this could have placed people at risk through not acting or enabling an independent review of the circumstances to take place.
- A new manager was in post who took swift action to address this, with guidance from the Local Authority. They were able to demonstrate an improved understanding of what needed to be reported, and to whom. They told us, "In order to guarantee accurate and compliant reporting, we are also making efforts to raise staff awareness of the differences between reporting to the CQC and the LA." As this was a recent improvement we were unable to assess its effectiveness on this occasion.

Assessing risk, safety monitoring and management

- We found records that were in need of review, due to age or content. For example, some records contained the name of a different person. The new manager began to address this immediately.
- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. This included additional supervision and monitoring for someone who was at risk from seizures. A relative told us, "The staff take good care of [family member's] epilepsy and seizures. Very careful, taking good care of [family member] and at night." We observed staff consistently following agreed risk management procedures with this person to keep them safe.
- Staff were proactive in terms of supporting people to maintain good oral healthcare. Records showed they supported people to clean their teeth daily.
- The new manager liaised with relevant health professionals to ensure changes in people's needs, such as health or behavioural, were reviewed and supported appropriately.
- Staff understood how to support people if they became distressed, potentially placing themselves or others at risk. We observed occasions when staff successfully and calmly refocused people's attention on other activities, in line with their risk management support plans.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was generally working in line with the Mental Capacity Act. Applications had been made where required, and the manager was aware of the need to notify CQC of all authorised applications. However, we did find the provider had not consulted or sought consent from people about the use of CCTV in communal areas of the service.

Staffing and recruitment

- Staff had enough time to spend 1 to 1 with people as well as meeting their essential needs. We observed them to be attentive, kind and compassionate.
- However, staffing levels did not always enable people to go out spontaneously for example, to access community facilities, or to choose when to have a bath or shower. Although some external outings were taking place, and staff were able to provide some flexibility to support arrangements planned ahead; both staff and a relative said they would like to see people going out more. The manager told us they were in discussion with people's funding authorities to ensure the correct levels of funding were in place. Improvements were made during the inspection to offer people more frequent baths and showers.
- The manager and senior support worker undertook out of hours visits to check the quality and safety of support being provided to people.
- The provider carried out checks on new staff to make sure they were safe to work at the service. Required checks were in place for the staff records we looked at including a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed.
- Staff were trained to administer medicines safely and had their competency to do this checked by the manager.
- The manager had introduced new auditing checks and stock count systems; to improve medicine management.
- Medicine administration records had been completed with no unexplained gaps and the reason for PRN (as and when required) medicines, had been recorded.
- People who were prescribed PRN medicines had guidelines in place for staff to follow and know when to administer these. We did find 1 that would benefit from more detail to ensure staff understood the required dose each time. The manager quickly arranged to seek professional advice on this.
- People's behaviour was not controlled by excessive or inappropriate use of medicines. A person became anxious during the inspection but did not require PRN medicine due to staff effectively following their Positive Behaviour support plan. The new manager had also arranged for a full health and medicine review for the person; to ensure their prescribed medicines were still correct for them.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff maintained good hygiene by using personal protective equipment (PPE) such as gloves before providing personal care.
- We observed the service was clean, tidy and fresh.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- Processes were in place to ensure lessons were learned when things went wrong. The new manager was responsive to our inspection findings. They took swift action to address areas for improvement, including sharing information with the staff team at a meeting; to improve safety across the service and benefit people living there.
- Another example was a suggestion to create additional communal space, so people could choose to spend time alone or in different company should they wish to do so. The manager told us, "We are in the process of designing a room that will give both clients more privacy and comfort. These improvements are meant to raise the well-being and quality of care we provide."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. 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.

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

- A new manager had been in post around 4 months prior to this inspection. They were open, organised, clear about their responsibilities and had a good understanding of people's needs.
- However, we did find some areas requiring better understanding to demonstrate legal requirements were being consistently met by both the manager and the provider. This included reporting potential safeguarding concerns, increasing staff awareness regarding CQC inspections and access, record keeping, safe storage of records and quality assurance processes.
- In addition, the provider had installed CCTV in communal areas of the service however, they had not consulted with people living at the service or gained their consent to being filmed. This meant they had not given proper consideration to data protection rules and people's privacy.
- There was evidence of increased governance at both manager and provider level since our last inspection. However, there was a greater focus on policies and processes, rather than people's lived experience and quality of life. As such, the outcome from the quality audits we saw did not fully match our inspection findings. The manager told us they would strengthen quality assurances processes to fully meet regulatory expectations.
- The manager demonstrated a strong commitment to comply with all regulatory and legislative requirements. They acted immediately to address the inspection findings; however, under the existing governance systems we could not be assured this would have been addressed if we had not inspected. In addition, as the improvements made during the inspection were either too recent or had not yet been fully embedded, we were unable to assess the effectiveness of all the actions taken on this occasion.

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

- The new manager was visible, approachable and took a genuine interest in what people, staff, relatives and professionals had to say. They told us they felt well supported by the provider too.
- Staff told us they felt supported by the new manager who was introducing positive changes at the service; to benefit the people living there. A staff member told us, "The manager has eyes on everything... keeps on top of it all and I like it." They added, "They listen and act." Another staff member said they were able to join

staff meetings online, which they appreciated because it meant they could still be involved and contribute, when working night shifts. In addition, the provider had recently introduced a 'Carer of the month' scheme; to reward staff for their hard work and dedication.

- We observed staff to be motivated. They interacted with people and each other collaboratively, in a respectful and positive way.
- Staff constantly sought verbal feedback from people in terms of day to day decisions. But there were no formal processes, such as satisfaction surveys, to gather feedback from people, relatives, staff and professionals about how well the service was run; to actively involve them in shaping and improving the service. The manager told us they had begun to develop surveys.

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.