

Crownwise Limited

# Crownwise Limited - St Andrews

## 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 

### Overall summary

This unannounced inspection took place 27 November 2015. The service provides care and accommodation for up to eight adults with mental health conditions. At the time of the inspection there were six people living at the home.

There was a registered manager responsible for the home and has been in post for 5 years. 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.

At the last inspection of the service took place on 3 April 2014 where we found the service met all the regulations we looked at.

People told us they felt safe in the service. Staff had been trained in safeguarding people from abuse and they

# Summary of findings

demonstrated they understood how to safeguard the people they supported in line with their organisation procedure. Staff also knew how to whistle-blow if necessary.

There were sufficient numbers of staff on duty to meet people's needs safely. Risks to people were assessed and managed appropriately to ensure that people's health and well-being were protected. People received their medicines safely and medicines were managed in line with procedure.

Staff told us they were supported to do their jobs effectively. Staff received regular supervisions and feedback about their performance. The service worked effectively with other health and social care professionals including the community mental health team (CMHT). People were supported to attend their health appointments and to maintain good health.

People's choices and decisions were respected. People agreed to their care and support before it was delivered. The service understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure people were not restricted of their freedom without following the law.

People had access to food and drink throughout the day and staff supported them to prepare food to meet their nutritional requirements.

Care records confirmed that people had been given the support and care they required to meet their needs. People's individual care needs had been assessed and their support planned and delivered in accordance to their wishes. People's needs and progress were reviewed regularly with the person and a professional to ensure it continues to meet their needs.

People were encouraged to follow interests and develop daily living skills. There were a range of activities which took place within and outside the home. People were encouraged to be as independent as possible. People told us that staff treated them with respect, kindness and dignity.

The service held regular meetings with people and staff to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service. The registered manager and provider regularly monitored and assessed the quality of service provided. There were no recommendations or actions from audit reports we looked at.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff understood how to recognise abuse and how to report concerns following the organisation's safeguarding procedures.

There were sufficient numbers of staff on duty to meet people's needs safely.

People received their medicines safely.

Good



### Is the service effective?

The service was effective. People were supported by staff who were trained, regularly supervised and well supported by their manager.

People gave consent to the care and support they received before they were delivered. The service knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to food and drink of their choice and were supported to eat a healthy diet.

People were supported to access healthcare services to meet their needs.

Good



### Is the service caring?

The service was caring. People were treated with dignity and their privacy was respected by staff. Staff showed compassion and care in the way they attended to people.

Staff understood the needs of people and how to support them. People were involved in planning their care and support and their wishes respected.

Good



### Is the service responsive?

The service was responsive. People's individual needs were assessed, planned and care was delivered in a way that met them.

People were supported to do the things they enjoyed and develop new skills for daily living.

People knew how to complain if they were unhappy with the service. People were given the opportunity through meetings to feedback and make suggestions about the service and these were acted on.

Good



### Is the service well-led?

The service was well led. People and staff told us that the registered manager was approachable and open to feedbacks.

There were systems in place to monitor and assess the quality of service provided.

The service worked in partnership with other agencies and community services to provide an effective service to people.

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 checked 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 inspection took place on 27 November 2015 and was carried out by one inspector.

Before the inspection we reviewed information we had received about the service which included notifications

from the provider about incidents at the service. We used this information to plan the inspection. We reviewed information sent to us by a member of the contract monitoring team from one local authority.

During the inspection we spoke with three people who used the service, two members of staff, the registered manager and two visiting professionals (one consultant from the community mental health team and a social worker). We observed how staff supported people and how staff handed over information about people from one shift to the next.

We looked at four people's care records and six people's medicines administration records (MAR). We looked at four staff files and records relating to the management of the service such as health and safety and complaints.

# Is the service safe?

## Our findings

People said they felt safe living at the service. One person said, “I feel safe here and my belongings are too.” Another person told us “I am safe here. There is always a [member of] staff around to look after me.”

People were supported by staff to minimise or avoid any risk to their health and well-being. Staff carried out risk assessments to identify conditions and situations that may expose people to risk of harm such as physical health, mental health, behaviour, relationships and safety in carrying out activities of daily living and using community services. Following these assessments, action plans were then developed to ensure that people were protected from the risks identified. Where necessary relevant professionals such as the community mental health team were involved in developing the action plans.

We observed a meeting with a consultant, the registered manager and staff to discuss concerns about a person’s mental health. The person was invited to join the meeting but they declined. Staff gave detailed feedback about the person’s behaviour. Actions to take to reduce and minimise any risks to the person and others were agreed with the consultant. The person’s care plan was updated and it reflected actions agreed on how to support the person to manage their behaviour and mental health. This included regular one-to-one support from staff to discuss any issues that they concerned and types of activities to positively engage the person. Another person had plan in place to enable staff support them to reduce the risks associated with their behaviour which may challenge staff and other people. The plan stated triggers of these behaviours, signs to recognise them, and how to diffuse it to prevent it from escalating. For example, having a discussion with the person to create awareness and set boundaries. There were also plans in place to reduce the risks associated with people’s health conditions such as diabetes. Our observations and daily reports showed that staff understood and followed the plans and supported people in line with them. These showed that people were supported to maintain their well-being, health and safety; and reduce any risks associated with these.

The service managed and responded to unforeseen emergencies appropriately. There was a management on-call system in place for staff to get support during out of hours. Staff told us that they were able to contact the

community mental health team for support to enable them appropriately respond to emergency situations. People had individual crisis plans in place and staff knew what actions to take in the event of emergency situations.

People’s medicines were administered and managed safely. We observed medicine administration at lunchtime and saw that people received their medicines as prescribed. People were informed what their medicines were for before giving it to them. We checked Medicines Administration Records (MAR) for the six people living at the service for the three weeks period before our visit. The MAR were accurately signed and completed. Medicines were stored safely. We saw that medicines were kept in locked cabinets and in the office only accessible by staff. Medicines which required storage in the fridge were kept in the fridge and the fridge temperature was monitored to ensure they were within the appropriate temperature. Medicines received into the service were recorded showing the name of the medicine, the person it belonged to and the quantity that was delivered. Unused medicines were returned to the pharmacist and record maintained for this. Audits were carried out regularly and it showed that all medicines were accounted for.

People told us that there were enough staff to support them with their needs. There were skilled and experienced staff on each shift to safely meet the needs of people. Staff we spoke with told us that they were enough of them on duty to safely support people. They also told us they were able to discuss any concerns regarding staff level with their manager and this regularly reviewed. We observed that people were given the support they required promptly. The registered manager told us that they planned staffing level based on dependency level and activities happening daily. They said they regularly reviewed it with the provider to ensure the number of staff on duty was adequate to safely meet the needs of people. Emergency or unplanned absence was covered by the organisation’s pool of bank staff.

Staff knew how to report abuse or concerns. They were confident in describing the various forms of abuse and signs which indicated someone was being abused or at risk. Staff told us that any concern raised were properly investigated. Staff knew how to ‘whistle-blow’ if they need to and knew their rights if they did. The manager understood their responsibility in line with their procedure to ensure concerns raised were appropriately investigated

## Is the service safe?

and actions taken to safeguard people. The service had a safeguarding policy and procedure in place and they also followed the local authority procedure to ensure people are well safeguarded from abuse.

# Is the service effective?

## Our findings

People told us that staff knew their jobs and delivered their duties effectively. One person said, “[Staff] help me with my medications and with all I need.” Another person said “[Staff] look after me. They help me wash and dress, give me food and medicines and see that I am okay.”

Professionals we spoke with told us that staff understood the needs of people with mental health issues and knew how to support them accordingly.

Staff told us that they got the support from their manager to do their jobs and meet the needs of people they supported. They said they could speak to the registered manager anytime for support and they shared ideas on how to provide better support to people. The registered manager met with staff regularly for formal one-to-one supervision meetings and notes from these meetings showed that staff were able to discuss concerns about the people they supported, team issues, working with professionals and training needs. Annual appraisals were held with staff and they were used to address performance issues, give feedback and set objectives.

Staff had the training they required to gain the knowledge and skills to support to people appropriately. Training records confirmed that all staff members had completed in core areas to enable them meet the care and support needs of people. These included health and safety, medicines management, managing behaviour that challenges, safeguarding adults from abuse, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). Records showed that all staff had completed a period of induction when they started working at the service. They told us it enabled them gain insight and understanding into their roles.

People consented to their care and support before it was delivered. Staff understood that people had the right to refuse care and support. They explained the process to follow if a person lacked mental capacity to make decisions in their best interests. We saw that the registered manager had involved a person’s GP, the person’s independent mental health advocate and other relevant professionals for a best interests meeting regarding their on-going refusal to comply with their medicines. People were able to go out and return to the service as they wished. The registered manager understood their responsibility to ensure that people were not unlawfully deprived of their liberty and their rights were protected. At the time of our visit, no one was subjected to DoLS authorisation.

People told us they were able to eat and drink what they wanted. One person said “The food is good.” Another said “We eat anything we want here. They give you varieties – rice, chicken, lamb, potatoes”. There was a weekly food menu which showed a wide variety of food options which included people’s cultural/ ethnic food. People confirmed that they were involved in planning the menu and told us that they could request something different if they wished. People had access to the kitchen and were able to prepare snacks and hot drinks for themselves at any time.

People had access to health care services they required. People told us staff supported them to see their GP, dentist and their care coordinators when they felt unwell or requested to. People had annual health reviews by their GPs to ensure their health was maintained. People’s mental health needs were met by the service in liaison with the community mental health team (CMHT). The professionals we spoke with told us that staff contacted them for advice when needed and followed their recommendations.

# Is the service caring?

## Our findings

People told us staff respected and treated them with dignity. One person said, “Staff are nice and treat me well.” Another person said “The staff are kind. They listen to me and speak to me.” Professionals told us that staff are caring and are professional. During our inspection we observed positive and open interactions between staff and people. People and staff talked about various subjects and they enjoyed jokes and laughter in a relaxed environment.

People told us staff knew their needs and how to support them in the way they wished. Care records included information about people’s histories and background including family, social network, culture, religion and individual preferences. Staff understood how people’s beliefs and histories affected their day-to-day choices and decisions. One person who had delusional beliefs about taking their medicines was given encouragement and reassurance to take their medicines as much as possible. We also observed staff supporting one person to calm down who was becoming agitated and anxious from waiting for their appointment. Staff sat with the person and reassured them that the professional they were waiting for was on their way and would soon meet with them. This shows people were supported to relax when anxious or distressed.

People told us they were involved in developing their support plans. People’s comments and views about how their care was noted in their care plans. People had key workers (a member of staff responsible for them) who supported them at meetings to express their views and concerns where required. People also had access to independent advocates to represent them at meetings. We saw notes of these meetings which confirmed that people were supported to express their views with regards to their care and support.

People’s dignity, choices, and privacy were respected. Staff sought permission from people before entering their rooms. We saw staff knock on people’s doors and waited to be invited in before entering. We also observed staff quietly wait for people to finish their conversation with others before they started to speak to them and gave them the space and time to answer. Staff demonstrated they understood and knew how to promote people’s dignity and privacy. Staff held conversations about people in the office where other people could not overhear what was being discussed. Staff also ensured people were supported with personal care in private behind closed doors so the person’s dignity was respected.



# Is the service responsive?

## Our findings

People told us they received the support they needed from staff to meet their needs. One person said “I like the fact that I can do the things I enjoy. I go to the day centre, watch TV and play games with others.” Another person said “ [Staff] support me with whatever I want and at any time.” People’s needs were assessed before they moved into the service. Then their needs planned and delivered in a way that met their individual requirements. We checked records of the two people that had recently moved into the service and it confirmed that care needs assessment covered people’s background, physical and mental health needs, and social relationships, interests and goals they wanted to achieve.

People had a support plan in place which described how their needs would be met and their objectives achieved. Staff supported one person with the regular involvement of professionals to manage their non-compliance with treatment, care and support. Staff monitored changes in their behaviour closely and reported these to professionals so appropriate actions could be taken. For example, the person was admitted to hospital following concerns expressed by staff about their behaviour. Another person was provided with information and support to manage their physical health condition through advice about maintaining a healthy lifestyle and eating a balanced diet and regular monitoring from staff. People had regular contact with their key member of staff to monitor and review progress or to discuss any issues impacting on their well-being.

Actions were then taken to resolve concerns discussed or to maintain progress. Daily notes and progress reports we reviewed showed that staff had discussions about people’s progress or concerns between shifts to ensure appropriate action or monitoring took place.

The service supported people and encouraged them to be as independent as possible. People were supported to develop independent living skills. One person requested that they wanted to move to a semi-independent accommodation and staff were supporting them with this. Staff had involved the appropriate professionals to discuss the options available and to agree how this would be achieved. People had the equipment adaptations they needed to enable them do as much as possible for themselves such as wheelchair and hand rails in the bathrooms.

People attended local educational centres and community centres to learn new skills and to socialise. People were supported to do the things they enjoyed and live active lives. People went to day centres and colleges where they took part in activities they enjoyed. Each person had an individualised activity plan in place and staff supported them to complete these activities where required.

People’s views on how their service should be provided were obtained and acted on. The service held regular meetings with people to consult and gather feedback. We saw that people were consulted about the food, activities and house rules. People told us they knew how to make a complaint if they were unhappy with the service and they confirmed that issues they raised were addressed and resolved promptly.

# Is the service well-led?

## Our findings

The service had a registered manager who had worked in the service for several years. People told us that the registered manager listened to them and helped them resolve any issues they may have. They said he was available and visible in the home and they could speak to him anytime.

Staff told us that the registered manager was approachable. They said he listened to them and worked with them as a team to ensure people got the support they required and to improve the service. They said he received suggestions and feedback with openness and used it to direct the way service is delivered. The registered manager regularly held meetings with staff using various avenues such as team meetings and handover meetings to discuss issues regarding people, the team and other issues concerning the service. Staff said they were able to find solutions to problems together.

Staff demonstrated they understood their roles and responsibilities and the aims and objectives of the service and explained how they worked with people to achieve positive outcomes. We observed staff give feedback to professionals and they did this with professionalism, confidence and respect. We also observed open and positive interactions between the registered manager, people and staff as they talked about various issues about the service and people in a relaxed and conducive atmosphere.

People using the service had access to the local community facilities and resources such as day centres, libraries, local colleges and leisure centres. People were supported to use these facilities and participate in community events to enable them become active members of their local community.

Staff told us the registered manager and the provider carried out regular quality checks of the service. The registered manager checked with people to find out if they were happy with the service and took immediate actions to improve any area of concern. Staff told us that the registered manager also regularly looked at records, quality of documentation and the physical environment of the service and takes actions to rectify any concerns. The service manager who was external to the home also visits monthly to audit the quality of the service. We reviewed two recent audit reports completed and looked at various areas of the service including care and support provided to people, activities, health and safety, food and nutrition and working with other professionals. There were no recommendations or actions required.

The service reviewed accidents and incidents, reported them and ensured lessons were learnt from them to improve the service. For example, people's risk assessment had been updated following incidents such as aggressive behaviour. We saw that the service reported all notifiable incidents to CQC as required by their registration.