

Crownwise Limited

# Crownwise Limited - Parkview

## Inspection report

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Date of inspection visit: 24 July 2015  
Date of publication: 16/10/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This unannounced inspection took place 24 July 2015. The service provides support and accommodation to 15 people with mental health needs. There were 14 people using the service at the time of our inspection.

The service has a registered manager who has been in post for several 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.

The last inspection of the service was on 14 May 2014 where we found the service was not meeting standards in relation to safeguarding people and informing us of notifiable incidents. We asked the provider to take action

# Summary of findings

to make improvements. They sent us an improvement plan on how they would address the issues and at this inspection we found that the provider had made some improvements.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

We have made a recommendation in relation to monitoring the quality of service provided.

Staffing level was not always sufficient to safely meet the needs of people. People did not always receive their medicines in line with their prescription and medicines administered were not clearly and fully completed.

People told us they sometimes felt bullied and intimidated by some other people living at the service but staff supported them to keep safe. Staff were knowledgeable in recognising the signs of abuse and knew how to report it by following the provider's safeguarding procedures.

Care records showed that people's needs had been assessed, planned and delivered in a way that met their individual requirements. People told us they were involved in planning and reviewing their support to ensure it was effective.

The service liaised effectively with the community mental health team (CMHT). People had access to a range of healthcare services and were supported to attend their health appointments.

People were encouraged to follow and develop their interests. People took part in activities within the service and in the community to occupy them.

The manager understood their responsibility to protect people under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the Mental Capacity Act 2005 (MCA). People's mental capacity to make decisions had been assessed and "best interests" decisions were in place where required. People were not unlawfully deprived of their liberty.

We observed that people were treated with dignity and their privacy was respected by staff. People told us they enjoyed the food provided and their nutrition and hydration needs were met.

Staff had the training, support and supervision they needed to provide care to the people they looked after.

The manager responded appropriately to complaints about the service. People were consulted and asked for their feedback about the service provided. There were systems in place to check the effectiveness of the service provided. The provider undertook regular audit and action plan produced to address areas of concern.

# 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 not safe. Staffing levels were not sufficient to safely people's needs.

Medicines were not always given in line with the prescription.

Risks to people were assessed and management plans were in place to keep people as safe as possible. Staff understood how to identify and report any concerns about abuse or neglect.

Requires improvement



### Is the service effective?

The service was effective. People were supported by staff who were trained and supervised to meet their needs.

People gave consent before their care and support was delivered. The manager understood their responsibility to protect people under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were not unlawfully deprived of their liberty.

People were supported to eat a healthy diet and they had access to healthcare services they required.

Good



### Is the service caring?

The service was caring. People were treated dignity and their privacy was respected by staff.

Staff understood people and communicated effectively with them about their support. People were involved in planning their care.

Good



### Is the service responsive?

The service was responsive. The service assessed people's individual needs and planned and delivered support to meet their needs.

People were encouraged to follow their interests, try new things and take part in activities within and outside the service.

People knew how to make complaint and had the opportunity to raise concerns and give feedback about the service and they were acted on.

Good



### Is the service well-led?

The service was not well led. The service has a registered manager. Staff told us the registered manager provided them with direction and leadership.

The manager and provider carried out regular audits of the service to check its effectiveness and action plans were put in place to address areas of concern. However, these did not always pick up the issues that needed improvement.

Requires improvement



# Crownwise Limited - Parkview

## 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.

The inspection took place on 24 July 2015 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information that we held about the service. This included statutory notifications the provider had sent to us about incidents at the service.

During the inspection we spoke with six people who used the service, three members of staff and one community district nurse. The registered manager was not available when we visited. We observed how staff supported people. We reviewed five people's care records and the medication administration records of the 14 people using the service for the four weeks prior to our inspection. We looked at records relating to the management of the service such as complaints and quality monitoring.

After the inspection we spoke with two health care professionals from the Community Mental Health Team involved in people using the service to obtain their views. The registered manager sent us information on the training and supervision of staff.

# Is the service safe?

## Our findings

At our last inspection of 14 May 2014, we found that the service was not safe. People were not adequately protected from abuse as the registered manager had not always reported serious incidents to professionals and the local authority for investigation.

At this visit, we found that safeguarding incidents had been reported to professionals and appropriate actions were being taken. People told us that they sometimes felt intimidated and bullied by other people using the service but staff supported them to keep safe. Staff were able to explain to us how they would recognise and report any sign of abuse in line with the organisation's safeguarding procedure. They also knew their role in safeguarding people they supported. Staff also knew how to 'whistle-blow' if they had concerns about the way the organisation dealt with safeguarding matters. Staff followed their organisation's procedures when supporting people to manage their money. Records of financial transactions for people were clearly completed and the balance tallied with the cash kept in the safe.

We found that there were not always sufficient staff on duty to support people safely. During the morning of our visit there were two staff supporting people and one staff acting as the cook. Staff told us that they were not enough to support people safely. Staff told us that additional staff were not always provided when there were extra duties to be carried out. For example, when people had appointments outside the home and they needed to be escorted by staff. So one support worker was left to support 10 or more people. Some people in the service have complex needs which challenged staff. Staff told us that they had expressed concern to the registered manager about the difficulty and risk they faced having two staff members on duty. We saw a note in the communication book to confirm this.

We reviewed the staff rota and saw that staff sickness or emergency absences were not always covered. For example, on 6 and 12 July 2015 a member of staff was off sick and there was no evidence to show that their shifts were covered. The rota also indicated that in one week that a member of staff was left alone in the home twice when

the other staff member had escorted a person to hospital. We were concerned that there were not always enough staff to safely meet people's needs and people may be at risk as a result.

During our inspection, we observed that staff attended to people in a rush. Staff were very busy attending to professionals who had visited and undertaking other tasks such as phone calls and documentation. One person who expressed behaviour that challenges often required the intervention of more than one staff member to manage when they became agitated and challenging. We saw that people did not always get the support they required to meet their needs when they needed it due to the number of things staff had to do and the level of things going on at the same time. For example, people were not always engaged in positive activities to help improve their mental health well-being as stated in their support plans. One person told us that they liked to interact with staff around but because staff were often busy they spend most of their day watching TV on their own. Staff told us that the service was busy and there was usually a lot going on everyday due to the needs of the people it supported. We were concerned that people were not getting adequate support to maintain and improve their well-being due to the level of staffing. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not always administered in a safe way. On the day of our inspection, we observed staff administer medicine to people and saw that it was given at the time stated on the person's medicines administration record (MAR) chart and the label on the medicine pack. However, when we checked people's MAR charts for the four weeks preceding our visit, we saw that staff had not signed the MAR chart to confirm that two people had received their medicines on two separate occasions. We spoke with staff about this and they were unable to tell us what had happened.

We also saw that the record on the MAR chart for one person's warfarin medicine did not correspond with the instruction from the Anticoagulant clinic (warfarin clinic). For example, the clinic had instructed that 4.5mg be given on one specific day and 3mg on other days but the MAR did not state that the dose was different on one day. Staff could not tell us if the instruction from the clinic was followed and if the person received the correct dose on this date. We

## Is the service safe?

were concerned that people may not have always received their medicines as prescribed so they were not protected against the risk of unsafe use of medicines. Medicine audits were completed regularly by staff. However we found that these audits did not pick up that people's medicines were not always administered in line with their prescription and that MAR were not clearly and fully completed. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed staff had assessed risks to people and had put management plans in place to reduce the risk of harm. The assessments covered risks to people's mental health, physical health, behaviour and activities. Management plans included triggers to their behaviour, signs to

recognise relapse and how staff should support them appropriately in the event of crisis. For example, staff to engage people in conversation to support them emotionally and contact their community psychiatrist Nurse (CPN) if their behaviour became increasingly difficult to manage. One person had regular input from their CPN to manage their behaviour. We saw that there was a behavioural contract in place for this person and the CPN confirmed that they regularly monitored and reviewed the contract the person and staff to ensure it achieved the purpose. Daily records showed staff supported people in line with these risk management plans. Care records showed risks to people were regularly reviewed to ensure risk management plans were up to date and effective.

# Is the service effective?

## Our findings

People received support from staff who were supported to be effective in their roles. People told us that they received the support they required from staff. One person said “Yes, I’m confident about the staff.” Professionals told us staff had the skills and experience to adequately support people. One professional said “The home does a good job. The staff are excellent...”

Staff told us they received one to one supervision and had an annual appraisal from their manager to discuss their work role. Records of supervision meetings showed there was discussion about people’s needs, staff performance in relation to their conduct at work and the way they supported people. Training and development needs were also reviewed.

People had been involved in making decisions about the delivery of their care and support and this was recorded. We observed that staff asked people about what support they wanted and how they wanted it delivered. For example, a staff member asked a person, “When do you want to go out for your shopping?” One person was under DoLS at the time of our visit and the conditions of the DoLS authorisation were being applied as required. Training records confirmed that staff had received training in relation to their roles such as safeguarding, managing challenging behaviour, health and safety, Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were able to explain how they

supported people to appropriately consent to their care and treatment and how they applied the legislation to people who may lack mental capacity to ensure they were not deprived of their rights.

People told us they liked the food provided by the service. There was a weekly menu displayed which included alternatives. We saw minutes of meetings that confirmed people were consulted by staff and involved in planning menus. We observed lunchtime and saw that people were able to request a different meal from what was on the menu for the day. People had space to eat and they were not rushed. People with specific dietary requirements were supported and provided with food that met their individual needs and preferences. For example, staff had supported a person with diabetes to eat a balanced, healthy diet and advised them on the type of food they ate.

Records demonstrated that people’s day to day health needs were met. People’s mental health needs were met by the service in cooperation with the community mental health team (CMHT). Staff had ensured people attended meetings and health appointments with the CMHT. People were supported to have regular check-ups at the dentist and optician. People told us staff supported them to attend appointments with their GP when they felt unwell. Staff regularly checked a person’s glucose level and took action where required to ensure the person received appropriate healthcare intervention. Professionals told us the service communicated well with them and they followed advice.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. Professionals told us the staff team knew how to support people well and were patient, kind and caring. They said staff understood people's needs, the appropriate ways to communicate with them and how to address their needs.

People's background history and individual preferences were detailed in their care records and staff understood these. We heard staff call people by their preferred names. Staff were able to explain people's behaviour, their likes and dislikes and how individuals liked to receive their support. People had a key member of staff who was responsible for ensuring their well-being and progress. Records of key worker meetings with people showed they asked people about any concerns they had and made plans to alleviate such concerns or anxieties. People confirmed they were able to discuss any problems with their key worker.

People were involved in planning their support where possible. Three of the six people we spoke with confirmed

they were involved in developing their support plans. The other three told us they knew what a care plan was but could not tell us if they were involved or not. Care records demonstrated that people's views and those of professionals involved in their care had been taken into account and used to determine how they should be supported. For example, people were supported by staff to attend care programme approach meetings with their CPN. Records of these meetings showed that people had been supported by staff to express their views about their treatment and progress.

During the inspection we saw that staff interacted with people in a warm and friendly way. Staff discussed information about people in the office to maintain confidentiality. Staff we spoke with explained how they respected people's privacy and dignity. They told us they ensured people received support with any personal matter in private. People confirmed that staff treated them respectfully and knocked before entering their room. People told us they were able to keep in touch with people who were important to them.



# Is the service responsive?

## Our findings

People's needs were assessed before they started to use the service and their care was planned and delivered to meet their individual needs. Care records included an assessment of the people's physical health needs, their background, history, family and social relationships and their personal beliefs and preferences. Each person had a care plan which set out how their support would be delivered to meet their needs in relation to maintaining their mental and physical health; keeping safe, pursuing their interests and developing independent living skills. Daily records confirmed that people had received their support as planned. For example, a person had been supported to monitor their diabetes and had regular visits from health professionals. Another person had been supported to manage and reduce their alcohol intake. Professionals told us staff responded promptly and supported people appropriately to achieve positive outcomes. Care records showed that support plans were reviewed regularly to ensure they were accurate and up to date.

People were supported to follow and engage in activities they enjoyed and take part in the local community. A

person attended local college and had support from staff to do so. Another person went out daily for exercise and visits to local shops on their own. People talked about day trips and outings they had enjoyed. They also told us they had in house activities regularly such as film shows, games and music and dancing sessions if they wished. People were consulted through key worker and residents meetings to gather their views about what activities they wanted arranged.

People were encouraged to be as independent as possible. For example, people were supported to manage their finances and develop their budgeting skills. People were also encouraged and supported to participate and practice their religious beliefs. Two people attended their local church regularly and they told us how much they enjoyed going.

There was a complaints procedure in place. People told us they knew how to make a complaint. The service held regular meetings with people to gather the views of people and to listen to their concerns. We saw evidence that the service took people's concerns seriously. For example, a person had complained about another person service and the registered manager held a meeting with both parties to address the issue and resolved it.

# Is the service well-led?

## Our findings

People told us that the service was well run. Professionals we spoke with also told us that the registered led the staff team well to provide effective service to people. Staff told us that the registered manager promoted effective team work and a culture where people and staff could express their views and concerns freely.

Staff told us the registered manager and the provider emphasised service quality and had processes in place to regularly check the quality of the service. They said the registered manager was visible and regularly checked the environment to identify what needed improvement and immediately got it actioned. For example, the health and safety issues and cleanliness of the service were high priorities. We reviewed two recent audit reports conducted by the provider. These 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. Recommendations were made and we saw action plans in place to address areas of concerns. For example, key areas of responsibility had been developed for staff to enable individual staff member gain skills in particular areas. Consultation with people also took place regarding activities they may be interested in. However, we noted that the audit conducted by the provider and registered manager did not always include

medicine audits or reviewed the audits completed by staff to ensure they were effective and accurate. We saw that the medicine audit completed did not always pick up concerns that required improvement.

**We recommend that the service reviews its systems for monitoring and assessing the quality of service provided.**

Staff were clear about their roles and responsibilities and demonstrated they what was expected of them in terms of how they supported people. They gave examples of how they had worked together as a team to achieve positive outcomes for people. For example, how they supported a person to settle into the service and engage in activities they enjoyed. Notes of team meetings showed discussions about various issues affecting staff and people and how these could be improved.

The registered manager reported any incidents promptly to relevant professionals and they developed an action plan to reduce occurrence. For example, the registered manager had worked with staff and people to develop ground rules for people enable people understand their boundaries and behave more appropriately towards others.

The service had informed CQC of notifiable incidents that affected people and the running of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Medicines were not accurately administered in accordance with the prescriber's instructions and medicines were not clearly recorded. Regulation 12 (2)(g)</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>There were no sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the needs of people. Regulation 18 (1).</b>