

Crownwise Limited

Crownwise Limited -Streatham Common South

Inspection report

22 Streatham Common South Streatham London SW16 3BU

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

Summary of findings

Overall summary

About the service

Crownwise Limited - Streatham Common South is a residential care home providing personal care to up to 6 people. The service provides support to people with mental health conditions. At the time of our inspection there were 6 people using the service.

Care Homes

Crownwise Limited - Streatham Common South accommodates 6 people in one adapted building.

People's experience of using this service and what we found

People were safe at the home. One person told us, "I am happy here." Staff knew how to protect people from the risk of harm. Risks to people were assessed, reviewed regularly and managed. Staff understood their responsibilities and the provider's safeguarding procedures in relation to raising concerns about people's well-being.

Staff understood people's health conditions and how these posed risks to their day to day living. The registered manager worked closely with other health and social care professionals to discuss concerns and managing risks to each person using the service. Staff received additional training and support to ensure they supported people to live safely.

The registered manager undertook quality assurance checks on the standard of care provided. Shortfalls were identified and resolved in a timely manner. Staff were encouraged to learn from incidents and to improve their practice.

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 coronavirus and other infection outbreaks effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 date last report (published 17/02/2018).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service had been missing from the service. The information shared with CQC about the incident indicated

potential concerns about the management of risk of self-neglect. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crownwise Limited - Streatham Common South on our website at www.cqc.org.uk.

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.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated



Crownwise Limited Streatham Common South

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Crownwise Limited - Streatham Common South 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. Crownwise Limited - Streatham Common South 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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 3 members of staff including, 2 care workers and a registered manager of another provider's service registered with CQC. The registered manager of the service was away on training. We also observed the way staff interacted and supported people to help us understand their experience of living at the care home.

In addition, we reviewed a range of records. This included risk assessments and quality assurance documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further risk assessments.

Inspected but not rated

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. This meant people were kept safe and protected from avoidable harm.

We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check those specific concerns. This included information we received about a person who had been missing from the service over a period. In addition, we received information about a person who may not be receiving safe care. We were concerned the person was at risk of self-neglect and potential harm.

Assessing risk, safety monitoring and management

- People were supported to live safely. Risks to people were assessed and managed. Risk assessments and support plans were reviewed and updated in line with people's changing needs. Staff had sufficient guidance which enabled them to provide care to people safely. For example, risk assessments showed staff worked closely with other healthcare professionals to support the person when their mental health showed signs of decline.
- Staff ensured people had access to means of communicating when they were out in the community and knew how to monitor changes to their health.
- Systems were in place to support people manage risks to them in a positive manner. For example, people were supported to go into the community independently and to take a lead role in making decisions about their day to day living. People told us, and records showed they went out into the community independently, undertook activities of their choosing such as visiting parks, family and friends.
- Staff understood their responsibilities to monitor the welfare of people using the service and to escalate any concerns if they had concerns
- Support plans took into account healthcare professionals' input which ensured risks to people's health and well-being were identified in a timely manner and managed. The provider ensured care delivery followed guidance provided by healthcare professionals which minimised the risk of harm to people using the service.
- During this inspection we found that risks to the person and other people were known by staff who also had sufficient guidance on managing these in a safe manner.
- The provider and registered manager understood the risks posed by the person to themselves and others who used the service.
- The provider and registered manager maintained a record of incidents that happened at the service including when people displayed behaviours that challenged the service and others. Appropriate action plans were put in place to ensure staff supported people safely.
- People benefited from the checks and audits carried out on the quality of care provided at the service.

- Audits were carried out on the risk assessments and support plans to ensure these highlighted people's needs and management of their conditions. The registered manager signed off reviewed risk assessments and ensured staff followed guidance from healthcare professionals.
- Staff maintained records of people's well-being and actions taken when their health declined. Details of healthcare professional involvement showed timely interventions were sought when needed.

Preventing and controlling infection

- We were assured staff were safe infection prevention and control (IPC) procedures. Staff were trained in IPC including those associated with COVID-19. The provider ensured staff had adequate supplies of Personal Protective Equipment such as gloves, masks and aprons. The registered manager ensured staff followed minimised the risk of infection or cross contamination through good hygienic practices.
- We observed staff using PPE in accordance with current PPE guidance.
- Staff had cleaning schedules which they followed to ensure frequent cleaning of high touch points, such as door handles, handrails and light switches including routine chores of communal areas and people's bedrooms.

Learning lessons when things go wrong

• The provider and registered manager reviewed incidents to ensure learning occurred when things went wrong. Investigations were carried out and showed action taken to minimise the risk of a reoccurrence. There were improvements made in relation to risk assessments, handover of information between teams and communication with other healthcare professionals and members of the public who lived in adjoining premises.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

• We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Visiting in care homes

The provider's visiting arrangements were aligned to government guidance.