

## Crowstone Care Home Limited

# The Grange

### Inspection report

122 Crowstone Road  
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Essex  
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Date of inspection visit:  
12 July 2016  
13 July 2016

Date of publication:  
09 August 2016

### 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

The inspection took place on the 12 and 13 July.

The service provides accommodation and support for up to eighteen people with mental health issues. There were eighteen people living at the service at the time of our inspection.

The service had a registered manager in post. 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.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well and treated people with dignity and respect.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's G.Ps and district nurses and mental health teams.

People who used the service were provided with the opportunity to participate in activities which interested them; these activities were diverse to meet people's social needs.

The manager had a number of ways of gathering views on the service including using questionnaires and by holding meetings with people, staff and talking with relatives. People knew how to raise a concern or make a complaint; any complaints were resolved efficiently and quickly.

The manager carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment.

## 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.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed when people required it.

### Is the service effective?

Good ●

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental capacity Act 2005 and deprivation of Liberty Safeguards.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

There were processes in place to deal with complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

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

# The Grange

## 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 12 and 13 July 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with nine people, the manager and provider, three care staff and a visiting advocate. We reviewed four care files, three staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service, one person said, "I feel safe living here, the staff won't let anything happen to you." Another person said, "I feel safe here, everyone is trustworthy."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I was concerned that the management had done something wrong I would go to an outside agency like the CQC or council, for anything else I would tell the manager straight away." Another member of staff said, "If I was worried about a person I would reassure them and tell them that I would need to tell the manager or report what the concern was to keep them safe." From care records we saw that staff discussed with people how to keep themselves safe and had support plans in place to facilitate this at the service and in the community. The manager told us if they thought anyone was of risk they would raise a safeguarding concern with the local authority and work with them to investigate it.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the community, environmental risks, managing medication and risks to people who could become anxious and distressed. One member of staff said, "We support people to live the life that they want, to make their own decisions and have choices." Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals for example they knew to support some people when making drinks or using kitchen appliances. People were encouraged to maintain their independence and this included accessing the community, staff had completed appropriate risk assessments to enable this. Where required staff supported people in the community one member of staff said, "[person name] has recently lost their confidence due to being unwell, so we now support them when they want to go out." This meant they were not prevented from accessing the community but could be supported safely to do so.

Staff were trained in first aid should there be a medical emergency staff knew to call a doctor or ambulance if required. The service carried out regular fire alarm tests and people and staff knew what to do should the building need evacuating. One member of staff told us, "Everyone knows what to do when the fire alarm goes off, we practice evacuating from the nearest exit, and people know to stay in their rooms behind the fire doors if their exit is blocked."

For day to day maintenance at the service the manager employed a maintenance person. Should there be an environmental emergency staff had contact numbers to call, for example for plumbers or electricians. One member of staff told us, "We have a reporting sheet if there are any maintenance issues, recently when the electrics blew we called the maintenance man and he came straight out to fix it." The manager told us that the service had been continuously updated and refurbished with new carpets, furniture and decoration. One person told us, "My room has just been redecorated and I have new carpets, its lovely."

There were sufficient staff to meet people's needs, which included being able to support people with their individual programs and access to the community. The manager told us that they used regular staff and if there was a shortfall due to sickness or holiday's regular staff would usually cover these shifts. This meant people were supported consistently by staff who knew them well.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I saw the job advertised in the local paper, so rang up then came and had a look around and collected an application form. I was invited for an interview with the manager and was offered the job pending references and checks."

People received their medications as prescribed. Some people could self-medicate, and the service had policies and procedures in place for this. One person told us, "I keep my own medication." We saw they had these kept safely and had a locked medication safe in their room.

Senior carers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The manager had permission in place from people's GP to administer homely remedies if needed such as paracetamol. In addition if people needed when required medication we saw that protocols were clear as to when these should be administered and what they were for. We saw that medication had been correctly recorded on the medication administration cards.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, "We have done lots of training, I recently completed training on how to assist people when choking, which has been really useful, as some people are prone to choking here."

The manager told us how they believed in supporting staff with training to enhance their skills and their ability to provide a high standard of care to people. The provider employed a training company that came in and delivered face to face training at least monthly. In addition they linked into courses provided by the local council. The manager had recently had the training company deliver training to staff on the care certificate and fundamental standards as an update for staff. In addition the manager sourced specialist course such as for dementia care, strokes and stoma care. One member of staff said, "I recently completed a course about strokes, it was really good as it made me think about all the different signs and symptoms of a stroke and how they affect people differently."

Staff felt supported at the service. New staff had an induction which included working with more experienced members of staff sometimes known as 'shadowing'. New staff also completed a comprehensive induction programme to equip them with the skills and knowledge they needed to support people. The manager told us that all new staff undertook a 13 week induction when they first started at the service, during this time they completed all the relevant training and had regular meetings with them, by the end of the induction a decision was then made if they became a permanent member of staff. Any staff that had not worked in care before were enrolled into completing the care certificate. This is an industry recognised award that enabled staff who were new to care to gain the knowledge and skills they needed to support them within their role. In addition staff were supported with regular supervision and had a yearly appraisal to discuss how they had performed over the past year and what plans they had for the coming year.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they supported people in making day to day decisions and always offered people choice. If people needed additional support with making decisions the manager could request an advocate for people. This is an independent person who has training to support people with decisions they may need to make about their life. The manager told us that where appropriate the advocate went through people's support plans and took part in their reviews. On the day of our inspection an advocate was visiting three people they supported. Where appropriate, mental capacity assessments had been made in people's best interest and were clearly documented with the reason why



and what these decisions covered. This told us people's rights were being protected.

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). The manager understood their responsibilities and had made applications where appropriate. People that were detained under a DoLS were still supported to have access to the community and home visits to see relatives.

People had enough to eat and drink. People were very complimentary of the food at the service, one person said, "The roast beef dinner is lovely." Another person said, "All the food is good, I like curry or chicken kiev." We saw that throughout the day people had access to snacks and drinks. One person had their own drink making facilities in their room, whereas others used the main kitchen. In addition people had a shared fridge they could store items in and a food cupboard. People were given choice about the food they had and discussed menus at their regular resident meetings.

We observed a breakfast and lunchtime meal. We saw these were social occasions with people's individual choices being respected. Where people did not want the main menu choice we saw the cook offered a number of alternatives for them to choose from. Staff supported people to eat healthily and with specialist diets such as suitable for diabetics. Where there were any concerns about people's diet this was monitored on fluid and food charts. Also people's weight was monitored monthly and any concerns were referred to the GP.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. People were supported to access chiropody, dentist and opticians in the community. When required people received specialist support and review from the district nursing services, mental health professionals and community mental health services. One person told us, "If I need to go the doctors my keyworker comes with me." Another person told us, "I saw the GP yesterday and they are going to send me for some blood test." The manager told us that they had good links with healthcare professionals and received regular support from them at the service.

## Is the service caring?

### Our findings

Staff provided a caring and supportive environment for people who lived there. People were very complimentary of the staff. One person said that, "I like living here, it's a lovely place really relaxing." Another person said, "When I moved in everyone made me feel welcome, everyone is really nice."

The service had a strong person centred culture and staff had developed positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other's company. There was free flowing conversations about people's wellbeing and how they planned to spend their day. We observed staff were not rushed in their interactions with people and that they took their time to listen closely to what people were saying to them. We saw that people got along together and cared for each other as well. People worked together with staff in completing everyday activities such as making drinks for each other or laying the tables for meals. We saw one person assisting staff to hang out some laundry. People got on well together and chose to spend time with each other talking and sharing stories or watching television. We found the service had a calm and relaxed environment and often heard laughter amongst people.

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. One person said, "My key worker is called [staff name]." We then saw them laughing and sharing a joke with their key worker, showing there was obvious fondness between them. Staff told us that their role as a key-worker meant that they made sure people had all the supported that they needed and kept their care plans up to date. People told us they could make their own choices about their routine and how they spent their time. We saw most people chose to socialise with others in the lounge or dining room but some people chose to spend time on their own which staff respected.

People told us that staff respected their privacy and dignity. One person said, "All the staff treat you with respect, we never have any problems." Another person told us, "The staff always knock before they come in my room, they never just barge in." We saw that two people shared a room, when we asked them about this they said that they didn't mind and enjoyed the company. To maintain their privacy if needed the service had fitted curtains to separate the room.

People's diverse needs were respected. People had access to individual religious support should they require this and could access churches in the local community. People tended to visit two churches in the local community and often a few people went together to church.

People were supported to maintain contact with their family friends. On the day of our inspection two people had gone home for the day and another person went out with a relative for lunch. The manager told us people were supported to maintain their independence and visit relatives and that one person also went on regular holidays with their relatives. The service was spacious with plenty of room for people to entertain their visitors. We saw from responses to survey's that staff made all visitors feel welcome at the service. Where people needed additional support we saw that an advocate regularly came to visit three people to ensure they were receiving the care and support they needed and to support them with any decisions they

may need to make.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. Once the manager had completed the assessment people or their social worker would be invited to visit the service to see if they thought it would meet their needs. This would allow them to see if they would like to live there and gave them an opportunity to start to get to know staff and meet other people already living there. A support plan was then agreed and put into place ready for when a person moved to the service. The manager told us that although this is how they preferred to work sometimes people had been admitted on short notice as an emergency placement, which meant their needs were then assessed and support plans put in place.

The support plans were very person centred and included information that was specific to the individual. This was reflected in detailed written support plans and individual risk assessments. Support plans included information which was specific to the individual about their health, medication, likes, dislikes, preferences and included information on how best to support them. From talking with staff they demonstrated a good knowledge of all people's needs at the service. The support plan was regularly updated; this told us that the care provided by staff was up to date and relevant to people's needs.

The manager ensured that people had access to specialist healthcare as required. For example they had sourced a day hospital for one person to attend that specifically worked with people living with dementia. In addition to meet the changing needs of people living at the service they had turned one bathroom into a wet room and had a stair lift fitted, for people with changing mobility needs. The manager told us that when one person was having issues with falling they had them assessed by the falls team. One issue had been that they were at risk of falling out of bed, so the manager discussed the options with them of how they could keep them safe. The person had the choice of having a crash mat by their bed or of having rails placed either side of their bed to support them and stop them rolling out. The person chose to have rails on their bed and they no longer had any issues with rolling out of bed. This showed that not only was the service responsive to people's needs but they included people in making decisions about their care.

People were very active and enjoyed varied pastimes that were meaningful to them. Some people living at the service could access the community independently one person told us, "I go for a walk everyday into town." Another person told us, "I go to the local church and help out making drinks." The service had a vehicle which they used to take people out to the local area such as to the seafront for ice cream. In addition the service arranged for group outings to see shows at the local theatre. One person said, "We went to see 'Grease' last month it was really good." We saw people followed their own interests for example some people liked doing art work or word searches. In addition the service employed an activities person who supported and facilitated activities throughout the afternoon and into the evening. One person told us, "I like playing scrabble in the afternoons." We saw them doing this with three other people at the service. From

minutes of meetings we saw people discussed the activities on offer at the service and also discussed what group outings they would like to go on.

The manager had a complaints process in place that was accessible and all complaints were dealt with effectively. The complaints procedure was clearly displayed for people to see, and there was a comments box for people to use if they wished. One person told us, "If I had a complaint I would write it down and put it in the box, or I would talk to [managers name]."

## Is the service well-led?

### Our findings

The service had a registered manager in place. The manager was visible within the service, and spent time working with people and staff. Throughout the inspection we observed people engaging and talking with the manager. One person told us, "We see the manager all the time they are always here."

Staff shared the managers vision and values for the service. One member of staff said, "We aim to help people have a better life, that they are comfortable and have activities, and any health needs are attended to straight away." Another member of staff said, "We want to make a better life, give the best care and choice and help when needed."

Staff had regular supervision and team meetings. Staff told us that they had regular team meetings and supervision to discuss the running of the service or any issues or training needs they may have. Staff told us they felt supported at the service by the manager, one member of staff said, "The manager is always around, or on the end of the phone." Staff told us that they felt their ideas were listened to by the manager and that they were willing to try new ideas out. For example one member of staff told us how they suggested changing the communication book to add a column where staff signed to say they had read messages left. This was done and it meant staff could check that everyone had read important messages. In addition to staff meetings and supervision, staff had handovers between each shift to discuss people's care needs. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through regular meetings each month, but on a daily basis through their interactions with people. We saw from minutes of the meetings that people discussed all aspects of living together and getting along as a community. They also discussed what activities they would like to participate in. The manager also gathered feedback on the service through the use of regular questionnaires on people's care and the running of the service. These questionnaires went to people, relatives, staff and other health professionals, if any issues were highlighted the manager immediately investigated and addressed. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans, medication management, infection control and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.