

Alex Davis (Bedford) Ltd

# The Crown

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The Crown is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Crown has been designed to accommodate up to seven people living with a learning disability or autistic spectrum disorder primarily from the Jewish community. However, non-Jewish people can also access the service. The accommodation is arranged over three floors and includes seven individual living spaces - each with their own ensuite and kitchenette facilities. Three of the living spaces have been designed for people with some physical disabilities. Accessibility is further promoted through the inclusion of a passenger lift and accessible outside space, including parking. At the time of this inspection there was one person living at the service.

This was the first inspection of The Crown since it registered with CQC in September 2017. This means the service has not previously been rated. During this inspection, which took place on 7 November 2018, we found that the service had not fully complied with a number of legal requirements. We have therefore rated the service as Requires Improvement.

The registered manager acknowledged our findings. Shortly after the inspection they confirmed they were taking action to address all the areas we had identified for improvement.

Why we rated the service Requires Improvement:

The provider checked to make sure staff were safe to work at the service, but the checks made did not fully meet all the legal requirements.

People received their medicines as prescribed. However, medicine administration records did not always provide an audit trail to explain anomalies, such as a tablet being taken from the wrong day in medicine packaging.

Staff were not aware of some key legislation and good practice guidance.

The pre-admission process needed to be improved, to ensure staff had enough information to decide whether the service could meet people's needs before they moved in.

Improvements were needed to ensure people had opportunities to participate in meaningful activities that were of interest to them and met with their individual aspirations.

Staff needed to establish people's preferences for their end of life care, should the need arise.

Quality monitoring systems were not adequately robust. There were also no formal systems in place to get feedback from people, in order to develop the service.

The arrangements for out of hours cover, in the absence of the registered manager, were not adequate.

We did find that the service was providing a good service in other areas that we checked. For example:

Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely and they were protected by the prevention and control of infection.

There were enough staff, with the right training and support, to meet people's needs and help them to stay safe.

The service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People were supported to eat and drink enough. Arrangements were in place to ensure meals were prepared in a way that met the requirements of Jewish law and the provision of Kosher food,

Staff worked with external professionals to ensure people received effective care and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

The building provided people with sufficient accessible space, including a garden, to meet their needs. The service operated in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

The service acted in line with legislation and guidance regarding seeking people's consent. People were enabled to make decisions about their care and support.

Staff provided care and support in a kind and compassionate way. People's privacy, dignity, and independence was respected and promoted.

Systems were in place for people to raise any concerns or complaints they might have about the service.

Further information can be found in the detailed findings below.

## 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 always safe.

Improvements were needed with pre-employment checks, to make sure all staff were safe to work at the service.

Improvements were needed to ensure accurate records were always maintained for all prescribed medicines, to demonstrate that people consistently received their medicines in a safe way.

People were protected from abuse. Arrangements were also in place to mitigate identified risks to people.

There were enough staff to keep people safe and meet their needs.

Staff used good hygiene practices to protect people from the risk of infection.

Lessons were learnt in order to improve the service when things went wrong.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Improvements were needed to ensure people's care and support was assessed and delivered in line with current legislation and guidance.

Arrangements were in place to ensure staff had the right support and training to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

Staff worked with other organisations and relevant external professionals to promote people's day to day health and wellbeing.

People's needs were met by the design and decoration of the premises.

**Requires Improvement** ●

People's capacity to make their own decisions was assessed.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

Staff supported people to express their views and be involved in making decisions about their care and support as much as possible.

People's privacy and dignity was respected and promoted.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People received personalised care that was responsive to their needs. Although, improvements were needed to the preadmission assessment process and to ensure people's cultural and faith needs were fully understood.

There were opportunities for people to take part in activities, but improvements were needed to ensure these were meaningful to people and in line with their aspirations.

Arrangements were not yet in place to support people at the end of their life, if the need arose.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The systems in place to monitor the quality of service - in order to drive continuous improvement, were not robust enough.

Improvements were needed to provide systems for people to give regular feedback, in order to develop the service.

A registered manager was in post. However, the arrangements to provide out of hours support to the service in their absence, needed to be formally arranged and monitored for effectiveness.

The service worked in partnership with other agencies for the benefit of the people using it.

# The Crown

## 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 was 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 comprehensive inspection was unannounced and was carried out on 7 November 2018, by one inspector.

Before the inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

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 also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people living at the service. We observed the care and support being provided at different points of the day, including lunch and an activity session. We also spoke with the registered manager and four members of care staff.

We looked at various records, including records for the person living at the service, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

# Is the service safe?

## Our findings

The registered manager outlined the processes to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people using the service. We found most of the required checks were in place, but some were missing. This included details of two staff member's full employment history along with explanations for those gaps. Current regulations, since 2014, require that providers obtain a full employment history for staff. In addition, recruitment information supplied to the service for agency staff, did not demonstrate that all required checks had been carried out. This showed that the systems in place to check whether staff were safe to work with people using the service, were not robust enough.

The registered manager printed off the list of required checks during the inspection and shortly after the inspection showed us that the gaps for the two staff we looked at had been addressed. They also told us that they would ensure that information was thoroughly checked for all staff prior to employment, including agency staff, in line with the relevant regulation in future.

Systems were in place to ensure people received their medicines when they needed them and in a safe way. A recent audit carried out by the pharmacy dispensing medicines to the service confirmed this. However, these systems were not always consistently followed. For example, we saw a tablet had been taken from the wrong day in the person's medicine packaging. There was no evidence that the person had not received their medicines as prescribed because stock levels were correct.

However, there was nothing on the Medicine Administration Record (MAR) to explain this anomaly. This placed the person at potential risk of not receiving their medicines as prescribed, because staff working the next day might not be clear if they had already taken the tablet. This situation happened again during the inspection, but on this occasion staff ensured this was recorded for the rest of the staff team, providing a clear audit trail and preventing potential errors. Care records detailed how the person preferred to take their medicines and we saw that staff followed this guidance.

Systems were in place to safeguard people from abuse. The person living at the service told us they felt safe living there. They could compare it to a time (prior to living at The Crown), when they had not felt as safe. We observed that they were comfortable in the presence of staff. Information had been provided to guide staff on what to do in the event of potential abuse taking place and records showed that the staff team had followed local safeguarding processes when needed.

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as seizures and safe community access. This information had been recorded in the person's care plan, to show how the risks were being managed to keep them safe.

Staff understood how to manage behaviour that might be challenging to others. The registered manager told us that two staff had received specific training around challenging behaviour and records supported

this. We observed staff communicating with the person in a calm and patient manner, minimising the risk of potentially disruptive situations.

The premises and equipment was managed in a way that ensured the safety of people. We saw that checks of the building, equipment and utilities had taken place. An electronic signing in system, and the use of CCTV (closed-circuit television) - to monitor the outside of the building and some communal areas, demonstrated that security measures were in place to keep people, staff and visitors safe.

Staff told us that sufficient numbers of staff were planned to keep the person safe and meet their needs. We observed this to be the case during the inspection. The registered manager told us that new staff had been recruited which meant the use of agency staff had decreased; providing more consistency of care and support for the person living at the service. They confirmed that staffing levels would be reviewed depending on the needs of any new people moving into the service.

Staff demonstrated a good understanding of their roles and responsibilities regarding infection control and hygiene. They were aware about the importance of preventing germs from spreading and avoiding contamination, in terms of washing hands or using protective equipment such as gloves when providing personal care and cooking. One staff member told us they had been appointed as the infection control champion for the service. Records showed they had completed some basic training but the registered manager advised they were trying to source some more in-depth training to assist them in this role. Cleaning schedules were in place and we observed the service to be clean and tidy, with no offensive odours detected. A relative supported this through some written feedback in which they said, 'The facilities are spotless'. Records also showed that staff responsible for preparing and handling food had completed food hygiene training.

The service took positive action to ensure that lessons were learned and improvements made when things went wrong. The registered manager talked to us about an occasion when they had shared information and provided training for staff in response to an incident that had happened; to prevent a similar occurrence from happening again. Records showed that staff had completed this training in a timely manner.



## Is the service effective?

### Our findings

The inspection identified that staff were not yet aware of some key information that would ensure people's needs were met in line with current legislation and guidance such as 'Registering the Right Support' and 'Accessible Information Standard'. The registered manager acknowledged this and shortly after the inspection confirmed they had made arrangements to further their knowledge, including plans to join a local forum for providers the following month. This would help them to exchange ideas and information and support them to deliver effective care and support, based on current guidance and legislation.

Staff told us that staff meetings were held, as well as individual staff supervision; providing them with additional support to carry out their roles and responsibilities. Records showed inconsistencies in the frequency that these were held. The registered manager was already aware of this and told us there were plans to recruit a team leader that would support them with the day to day management of the service. They did say they had regular contact with the staff team, if they needed to discuss anything in between formal meetings. Staff we spoke with confirmed this.

Arrangements were in place to ensure staff had the right skills and knowledge to support and care for the person. Staff told us they had the right training to carry out their roles and responsibilities. The registered manager explained that staff completed most of their training through a computer, sometimes known as 'e-learning' (electronic learning). Training records were maintained to enable the registered manager to review completed staff training and to see when updates or refresher training was due. These included training in areas such as food safety, infection control, safeguarding, medication, challenging behaviour, epilepsy and equality and diversity. The registered manager told us that the provider supported staff, who were not Jewish, with understanding the Jewish faith and ethos of the service.

People were supported to eat and drink enough to maintain a balanced diet. Care records included information about the person's eating and drinking preferences and requirements, to guide staff on how to meet these. Two kitchens had been provided to meet the needs of the Jewish laws and provision of Kosher food, meaning that meat and dairy ingredients could be prepared separately. A relative had confirmed in writing that catering at the service met the needs of their family member.

We saw that food was prepared to suit people's individual needs. Menus were on display but staff confirmed that if someone did not like a meal, then an alternative would be provided. This happened during the inspection when the evening meal was changed.

Staff supported people to access healthcare services and receive ongoing healthcare support. A relative had written to thank staff for how they had managed a recent change in healthcare need for the person living at the service. Records showed that staff supported people to maintain a healthy weight and also worked with external professionals such as a physiotherapist, optician, occupational therapist and dentist to deliver effective care, support and treatment. Other records showed that an 'All about me' document had been developed in the event of someone having to go into hospital. This would provide important information to assist hospital staff in understanding the person's needs, and how best to meet these.

The person did not have a Health Action Plan in place (HAP). A HAP contains information about a person's healthcare needs and the healthcare professionals that support them in monitoring and managing long and short-term health conditions. After the inspection, the registered manager showed us that she had gained consent from the person to have health checks and to set up a HAP. They had also obtained a HAP template to do this.

People's needs were met by the adaptation, design and decoration of the premises. There was sufficient space for people to access communal and individual areas within the building, as well as an enclosed garden. The building had recently been adapted to provide living space that would promote people's independence, in terms of access for people with physical disabilities and facilities to support independent living skills. We observed the person living at the service moving independently about the building with ease, which included use of a passenger lift to all floors.

The registered manager told us they had considered offering respite (short term) care to people but there was no separate accommodation to facilitate this. This would mean respite people sharing the same living space as people permanently living at the service. This arrangement would also present further challenges, in terms of compatibility and how people might get on with each other on a short-term basis. After the inspection, the registered manager confirmed that respite care was no longer being considered. This decision and the accommodation design demonstrated that the service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion; enabling the person with learning disabilities and autism to live as ordinary a life as any citizen.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of the person who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, the person make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The person 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 Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We found that systems were in place to assess people's capacity to make decisions about their care. Because the person living at the service did have capacity, the registered manager said that they had not needed to make a DoLS application, but they were aware of the need to consider this for future users of the service. The registered manager confirmed that people would not be subjected to any unnecessary restrictions, for example access to the laundry room and the front door key code, where a DoLS was not in place. Records showed that the person living at the service had been asked for their consent to the use of CCTV cameras, which were being used to monitor the outside of the building and some communal areas.

# Is the service caring?

## Our findings

People were treated with kindness and compassion. We observed staff interacting with the person living at the service and noted they were patient and inclusive. During the day the person commented on several staff members of staff in a positive way. It was clear that appropriate relationships had been formed, based on respect and understanding.

People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering the person choices throughout the day, and trying to involve them in making decisions about their care as far as possible, such as how they spent their time or what they wanted to eat. They chose not to help with meal preparation or to go out, and this was respected.

Staff involved the person in their care and support. We heard many conversations during the day that supported this. For example, we heard the person asking staff about the arrangements for their flu jab that was coming up. In addition, the person was able to tell us about the medicines they were taking and the reasons why. Records showed that the provider had agreed a contract with them when they had moved in, setting out expectations on both sides. This included a promise from staff to involve them in the planning of their care.

People's privacy and dignity was respected. One staff member talked to us about the importance of treating the person living at the service with dignity and respect. They were very clear when they told us, "I treat him as I want to be treated."

Throughout the inspection staff shared information about the person with sensitivity and discretion, ensuring that their right to confidentiality was upheld. Records showed that staff had received training about the organisation's responsibilities in terms of GDPR (general data protection regulation). GDPR is a legal framework that aims to protect the person's personal information.

People were supported to maintain important relationships with those close to them. The person living at the home showed us photographs of visits from their family, and staff confirmed they had regular contact with their relatives. The relative had provided the following written feedback too, 'We are made to feel welcome. Thank you'.

A guest room was available for relatives to use. For example, if they needed to travel some distance to visit their family member. This facility provided the opportunity for people to spend some quality time with their friends and relatives, without being unnecessarily restricted.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. An assessment form had been completed prior to the person moving in, to enable staff to develop a care plan that reflected their physical, mental, emotional and social needs. The assessment form we saw did not contain sufficient detail to establish the person's holistic needs, but we noted that the registered manager had obtained additional information from relevant people with knowledge of the person's needs. The registered manager told us they would be developing the existing assessment form to ensure more detailed information could be captured for anyone new considering moving into the service in future. Despite this, the care plan we looked at was detailed and personalised. It took into account the person's life history and their preferred daily routines. It had been written in consultation with person, who confirmed they were able to look at it when they wanted to.

The person told us about a personal goal they had for the future. Records showed they had additional goals too. Staff had not yet built these into the person's care plan, in terms of breaking them down into manageable steps, but we learnt from speaking with the person that staff had tried to help them with one of these goals, but this had been unsuccessful. The registered manager explained they had been waiting for the person's funding authority to complete a formal review, to discuss and plan these further. They said that they would go ahead and organise a review and ensure action was taken to address the person's aspirations and ensure these were recorded formally.

People were supported to participate in activities. Records and photographs showed that the person had regular access to activities such as going out for a walk, baking and family visits. Their relative had written the following feedback, 'The encouragement staff offer [name of person] to go out and do things is what he needs'. The person told us about their love of football and about their favourite team. They were not keen to go out during the inspection or join in with suggested activities such as cooking and a game of dominoes. However, they did seem more motivated to do some of their laundry. Staff explained that their laundry day was on a Tuesday and this was Wednesday. This meant they would need to wait a further six days to do the laundry they wanted to do, and could be viewed as institutionalised practice. Staff confirmed the person enjoyed participating in household routines. We raised this with the registered manager, to ensure the activities offered were of interest and meaningful to the person. For example, putting on a small load of washing might have been more beneficial than the abandoned game of dominoes that we observed. The registered manager confirmed they were taking action to explore alternative activities for the person and had already made arrangements with an occupational therapist to do this.

The registered manager confirmed that staff would support people with their cultural and spiritual needs as much or as little as they wished. The service had been developed for people primarily from the Jewish community. In recognition of this a Mezuzah had been attached to the door frames leading to people's accommodation. A Mezuzah is a parchment inscribed with religious texts that is attached to the doorpost of a Jewish house as a sign of faith. Anyone using the service was non-Jewish would need to be aware of the Jewish ethos of the service.

Staff told us the person using the service did not have any special communication needs, but some information such as menus and a staff photo board had been designed in easier to understand formats - using photographs, to make the information more accessible. This would be helpful for future users of the service too. Staff admitted however, that they did not fully understand what the person was saying when they recited a blessing for Shabbat. Shabbat is the Jewish Sabbath and takes place weekly. The registered manager said they would seek more guidance on this, to ensure staff were able to fully support the person's faith needs, and potentially those of future users of the service too.

Systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service. We saw that information had been developed to explain to people how to raise concerns or make a complaint. Only one complaint had been made against the service since it had opened and the registered manager had provided a full and detailed response. We looked at the concerns raised during the inspection too, and were not able to substantiate them.

Arrangements were not yet in place to equip staff with the knowledge to be able to support people at the end of their life, to have a comfortable, dignified and pain free death. The registered manager confirmed they had not yet formally established the person's preferences and choices for their end of life care, should the need ever arise, or recorded their attempts to gain this information. This would be particularly important for someone who is Jewish, as there are specific rules and traditions to be followed after someone's death. The registered manager said staff had discussed this with the person's relative but they would not have any legal right to act on the person's behalf, as the person had capacity to make their own decisions.

## Is the service well-led?

### Our findings

Systems to monitor the quality of service provision and drive continuous improvement were not sufficiently robust. We saw evidence of some audits taking place at service level, covering areas such as cleanliness, medicines and health and safety. But there was little evidence of provider level oversight and auditing, covering all the regulations that registered care services are expected to be compliant with. The registered manager told us the provider visited the service on a regular basis, but they had not maintained a record of these visits. They confirmed too that there was no live action plan for the service, based on the outcome of people's feedback and quality monitoring audits. We identified a number of areas during the inspection that required improvement such as: staff recruitment checks, staff knowledge of current legislation and guidance, the assessment process, activities, end of life care arrangements and quality monitoring systems. This demonstrated that the provider's governance framework was not sufficiently robust and that quality performance, risks and regulatory requirements were not fully understood and managed.

The registered manager acknowledged our findings and shortly after the inspection sent us a copy of an audit they said had been completed by the provider, accompanied by an action plan. The audit included most of the areas we look at when we inspect a service. A number of areas had been identified for improvement and showed that our feedback was being acted on, and used as an opportunity to improve the service and drive quality. The registered manager also told us that they would review the audit tool and continue to develop it, to ensure all required areas were included for future use.

In addition, the registered manager confirmed there were no formal processes in place - such as meetings, reviews and satisfaction surveys, to gain feedback from people, in order to develop the service. We did however see an email from a relative that provided positive feedback and to confirm their satisfaction with the service provided. Records also showed that staff had checked to see that the person living at the service was happy.

A registered manager was 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.

Staff, told us they were happy working at the service and that they felt well supported by the registered manager. One staff member described the registered manager as, "Lovely." And explained that they listened and provided the right support for them. They added that the staff team "Worked well together" too. We observed the registered manager providing a visible presence throughout the inspection; making themselves available to assist as required.

The registered manager explained that they did not currently have an identified member of staff to deputise in their absence. They said they were responsible for providing out of hours assistance, should staff require advice or support when they were not physically on site. We asked about the arrangements for when the registered manager was on leave and were told that this would fall to the provider. However, the registered

manager confirmed that the provider observed the Jewish Sabbath (Shabbat) each Friday - from sunset to Saturday at nightfall, so was not contactable during this time. This meant that if the registered manager was on leave or absent for any reason, there were no back up arrangements for staff to get support and advice if they needed to, during this time. Our records showed that when the provider applied to register with the Care Quality Commission (CQC), they had told us they planned to appoint a regional manager to support the service. The registered manager confirmed this had not yet happened. We therefore requested an update about out of hours arrangements after the inspection.

The registered manager responded. They advised they would work with the manager of a second service run by the same provider, to provide telephone support and advice to staff from both services - in each other's absence, until someone suitable to deputise was appointed.

Staff told us, and records confirmed, that the service worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. Where required, staff also shared information with relevant the person and agencies for the benefit of the person living there.