

Southern Health NHS Foundation Trust

Crowlin House

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Crowlin House is a residential care home providing personal care and support to 12 people at the time of the inspection. The service can support up to 18 people whose main need is in relation to their mental health.

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

People told us they were well supported by the staff and managers. Staff we spoke with were enthusiastic about their work and also felt well supported by the management. A health and social care professional said, "I have found (staff names) to be outstanding in their caring and commitment to the residents. They have a great sense of humour and genuinely want the best outcome for residents".

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People were supported to express their views and be involved in making decisions about their care and support.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed, and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

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

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People could be confident that any concerns or complaints they raised would be dealt with.

The registered manager was promoting an open, empowering and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure

people were receiving appropriate support.

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 (published 03 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Crowlin House

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an expert by experience in the care and support of people with mental health needs. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care and support provided. We spoke with five members of staff including the registered manager, support coordinators, support workers and administrative staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data. We received feedback from four professionals who regularly visit the service.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding people and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns.
- Staff were also trained in recognised management and intervention techniques to help staff cope with escalating behaviours in a professional and safe manner, which included knowing how to choose the least restrictive intervention. Physical restraint was not used in the service.

Assessing risk, safety monitoring and management

- Risk assessments had continued to be developed with a focus on people's strengths and positive risk taking to enable each person to be as independent as possible.
- Staff encouraged people to be involved as much as possible in developing their individual risk assessments and support plans. A person told us staff encouraged them to do things independently and were very helpful.
- The service worked closely with partner agencies to support people at times of increased risk in line with their support plans. A health and social care professional praised the caring and commitment of staff and told us, "They sometimes have to cope with difficult behaviours and risks, but I found them to be robust in risk management and joint working to reduce those risks". Another health and social care professional commented, "Staff manage risk extremely well".
- A range of systems and processes were in place to identify and manage environmental risks. This included maintenance checks of the home and equipment and regular health and safety audits. A business continuity plan was in place and set out the arrangements for ensuring the service was maintained in the event of foreseeable emergencies.
- There was a legionella and water hygiene risk assessment and designated staff had received training in relation to this. Records showed that water system checks took place. The risk assessment had been reviewed in 2018 and identified no immediate actions to take. It was not clear from the available record whether, or when, other recommended actions had been completed. We raised this with the registered manager and their line manager, who undertook to follow this up with the facilities management team.
- Incidents and accidents were clearly recorded, investigated and actioned.

Staffing and recruitment

- There were enough suitably skilled staff deployed to support and meet the needs of the people living in the service.
- Staffing levels were based on people's assessed needs and kept under review. The staff team included eight relief/bank staff who came under the registered manager's supervision, which provided flexibility in

staffing arrangements.

- Safe recruitment practices were followed before new staff were employed to work with people. The provider carried out checks to ensure staff were of good character and suitable for their role.

Using medicines safely

- One person confirmed they managed their own medicines. Other people told us staff were currently managing their medicines for them, but that they were aware of what their medicines were for and their goal was to work toward managing them independently.
- Medicines administration systems were robust and well organised to help ensure people received their medicines when required.
- Staff received training in the safe administration of medicines and this was followed by competency assessments by senior staff.
- Records were maintained, and regular medicine audits took place to check that stock levels and records were accurate.
- People had individual medicines profiles that contained information about their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines.
- Some people required their medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently.

Preventing and controlling infection

- People were encouraged and supported to keep their rooms clean and tidy. A cleaner was employed for the communal areas. Any deep cleaning of communal or other areas were requested if and when required.
- Staff received training in infection prevention and control (IPC) and were equipped with personal protective equipment, such as disposable gloves and aprons.
- The provider and registered manager carried out checks and audits as part of the monitoring of the safety of the service, which included infection prevention and control measures. Policies and guidance were accessible.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was appropriately recorded and reported. The provider and registered manager analysed this information for any trends.
- Staff told us that any incidents or safeguarding issues were discussed within the team, so that learning took place. For example, reflecting on the causes of any medicines recording errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service carried out a comprehensive pre-admission assessment before anyone came to stay at Crowlin House, in order to ensure the service could meet their needs and that the person wanted to live there.
- The person, their family and any current support providers or health professionals were involved in the assessment process. People confirmed that staff worked with them and supported them to transition at their own pace, offering short stays before moving in.
- Referral and assessment records contained detailed personal and medical histories, including mental health relapse indicators, triggers and coping strategies.
- Staff monitored people's changing needs through a system of regular reviews and observation and this was clearly recorded.
- The provider promoted equality and diversity in the service through their policies and staff training.
- The registered manager told us they were working with other health professionals to clarify protocols and expectations regarding the length of time people could stay at Crowlin House. The Statement of Purpose had been updated and sent to relevant teams.
- A health and social care professional said the service, "Ensure that residents are aware of the 12 months guidelines for the length of stay and try to organise accommodation pathways where possible to meet this deadline. However, they are realistic enough to cope with the deadline being breached, whilst continuing to lobby for the move on to happen as soon as possible". Another health and social care professional commented that, "Move on is a challenge, they (have the skills and) manage that".

Staff support: induction, training, skills and experience

- Staff confirmed they received training and regular updates to support them in working in line with best practice and meeting people's specific needs. Records showed staff mandatory training was in date and a system was in place to track and record the training that each member of staff attended. Training included conflict resolution, ligature care, food safety, fire safety, infection prevention and control (IPC), resuscitation, health and safety, safeguarding, governance/risk, equality and diversity, and medicines management.
- Staff had opportunities to gain additional qualifications such as an NVQ (National Vocational Qualification) or Diploma in Health and Social Care. A system was in place to track and record the training that each member of staff attended. New staff completed an induction and probation period as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.
- Staff were further supported through regular supervision and appraisal meetings. Supervision and

appraisal are processes which offer support, assurances and learning to help staff development.

- A member of staff said the registered manager kept them well up to date with their training and reminder emails were sent to staff. If they required any specialist training, they only had to ask.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. People confirmed that staff encouraged them to be as independent as possible with buying, preparing and cooking their food, while supporting those that needed or requested it.
- We observed some people preparing their own meals and others being supported. People were making drinks for themselves throughout the day.
- People received a weekly budget to shop for food. Basics such as tea, coffee and bread were supplied by the service.
- Staff checked with people that they had eaten and discussed with them ways to improve their diet should any concerns arise. Daily records were kept, and advice sought from health professionals if needed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were proactive in requesting visits or reviews from GP's and other community care professionals. One health and social care professional told us, "The staff are always friendly, responsive and professional and communication from them as to how clients are doing is probably the best that I work with". Another health and social care professional said, "When there were issues with the person I was supervising, staff were quick to alert services and appeared to have strong links with partner agencies". A third health and social care professional told us, "The care of their residents I have been involved with has been enhanced by the level of good communication they have with mental health professionals."

Adapting service, design, decoration to meet people's needs

- The environment was appropriate for the care and support of people living there. There were signs around the premises that identified where toilets, bathrooms, and reception were, as well as safe routes for emergency access. These signs were checked regularly and changed if required.
- Adaptations were made when required. For example, a shower seat had been installed to meet a person's specific needs. Following a health and safety audit, handrails had been fitted to the outside of the building.
- There was a well-kept garden with a vegetable patch which people helped to maintain. A person told us they had enjoyed painting all the fences in the garden and now watered the plants. They also said they thought the rooms and facilities were very good.

Supporting people to live healthier lives, access healthcare services and support

- Staff encouraged people to make and attend their appointments independently, but support was given if needed. A person told us, "If I need to call a doctor the staff support me to do that".
- People's healthcare needs were effectively monitored, and people were supported to access a range of healthcare professionals such as dentist, mental health professionals and specialist nurses. People's care records showed staff sought and acted on appropriate support and advice from health professionals in response to any deterioration or sudden changes in people's health.

Ensuring consent to care and treatment in line with law and guidance

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.

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. 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.

- No-one currently living at the home was under DoLS. The registered manager was aware of when and how to make an application and discussed any possible issues with staff in supervision meetings.
- Any restrictions on people's activities under the Mental Health Act (MHA) 1983 were recorded in their support plans and staff were aware of the reasons and the support guidance. Staff had been trained and demonstrated understanding of the principles of the MHA, MCA and the associated DoLS.
- A health and social care professional told us the registered manager was informed and knowledgeable about patients' subject to restrictions.
- Some people had independent advocates involved with helping them to make decisions about their support planning.
- People had signed records to show they consented to their personal information being shared with other agencies if and when appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The positive effects of a caring environment were clear from the feedback. A person told us the atmosphere was good and they had a good rapport with staff and other residents. Another person said, "I like living here because the staff are supportive, the other residents are friendly and there are no arguments". They told us when new staff started, they were shown around and introduced to people living at the home. They said they found the staff to be positive and that they had formed good relationships with them. One person commented, "It is ok here. The staff are good, supportive and approachable". Another person remarked, "All the staff and residents seem to get on well together".
- We observed positive interactions between staff and people living at the home. When staff were approached by a person, they stopped what they were doing and listened to them. People and staff were sat together at various times talking with each other. There was a warm, supportive and inclusive atmosphere in the home.
- A health and social care professional told us, "I found the home to be warm and welcoming. Reception staff were friendly and approachable". They added, "I really can't think of anything negative to say about the home", and, "The staff were professional and the person I was supervising appeared well cared for and happy".

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they had regular meetings with their key workers to agree and review goals and update their support plans. They said the staff were supportive and encouraged them to make their own decisions. Individual goals included working towards moving on to more independent living arrangements.
- Formal reviews were also held with the involvement of the person, their representatives, staff and external professionals.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop their relationships with those close to them, their social networks and community. During the day we observed people coming and going independently.
- One person said, "Staff help me to make choices and promote my independence by encouraging me to do things for myself. I choose not to have any visitors". Another person told us, "Staff encourage me to do things for myself and help me make decisions at times. I do my washing independently when I want to". They said, "My mum and dad come to visit me now and again. The staff are all regulars and I have formed good relationships with them". They told us, "My aim is to move into my own accommodation, and we have people come and talk to us about this. Staff are helping me to become more independent".

- Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. People's care and support plans were written in a respectful way that promoted their dignity and independence.
- A member of staff explained their role as giving people support to regain the skills required to become independent again. These skills included cooking, cleaning, budgeting and how to deal with a crisis. They told us they had recently supported a person, over a period of six months, to source and set up suitable accommodation that the person was happy with. It had given the staff member a great deal of satisfaction to see the person succeed.
- A health and social care professional told us, "Staff appeared to be respectful in their interactions with residents and would ask appropriate questions. There seemed to be a good grasp of treating people with dignity and respect".
- Another health and social care professional told us staff had understood that a person's negative attitude toward them was related to the person's past and had, "Maintained a positive attitude towards him, and with him, and together we all achieved a high level of success with his move on accommodation such that he is now flourishing in his new environment and has re-established good relationships with his family members". They said, "It is a testament to the quality of staff input from Crowlin House that this gentleman has done so well in the (time) since he left there. They equipped him to manage an independent life. That is what Crowlin House is all about".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were comprehensive, and staff completed daily records of the care and support people received. Support plans contained details of people's mental health relapse indicators and crisis contingency plans. These helped to ensure a consistent approach from the staff team.
- People were involved in developing their support plans and risk assessments. For example, in describing the things, symptoms or events that may indicate or trigger a personal crisis. Some people had individual wellness recovery action plans (WRAP).
- Records showed any health concerns were addressed and referrals sought from appropriate professionals when needed.
- A person's records contained an action plan for moving on from Crowlin House, which had been developed through a joint planning meeting with other agencies.
- People's support plans and risk assessments were updated on a monthly basis with the individual's involvement but could be updated at any time if changes were required. There was a communication book which staff read at the beginning of each shift as well as attending a handover meeting, so that they were informed of any changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had their communication needs assessed and documented as part of their care and support plan.
- A copy of the Statement of Purpose and other service information was provided in people's rooms when they moved in.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities in order to socialise and build on their living skills and independence. Activity boards were located in each house to show what activities were available and when. People were encouraged to highlight activities and days out that they would like to do and staff would then facilitate the activity.
- People's support plans contained a section on inclusion and citizenship, which provided information about how to support the person to participate in the community and to maintain relationships that were

important to them.

- Three people were attending courses on recovery, which involved the sharing of experiences within the group, looking at what worked well or not.
- A person told us about a recent trip to Longleat Safari Park, which they had thoroughly enjoyed. They told us there were more trips out planned. The person went to a game's night out in the community once a week and also enjoyed going on walks. Another person also enjoyed walks and the Longleat trip during a weekend. They told us, "I am free to come and go as I please". One person said they liked taking part in arts and crafts sessions, drawing and baking activities.
- A health and social care professional told us they had observed staff doing good work with people, for example being creative with activity options. They said, "I have found their standard of care very good. They take the trouble to get to know their residents very well and try to help them with activities and advocating for them with other agencies. Their style of operation is 'the door is always open' and I have certainly found this to be the case".

Improving care quality in response to complaints or concerns

- A person said he talked to the staff if anything was worrying him and that he felt staff listened to him. Another person told us they had raised a complaint once to the registered manager and it was dealt with quickly and to their satisfaction.
- A copy of the provider's complaints procedure was placed on the notice board, so that people using the service and their relatives had direct access to this information.
- Records showed the service responded to concerns or complaints that were raised with them. Complaints were reviewed and monitored on a regular basis as part of the provider's quality audits.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager maintained a presence within the home and had an open-door policy for people living there, staff and relatives.
- People told us they spoke with the registered manager regularly and found her, and the staff, to be very approachable and encouraging.
- All staff we spoke with were enthusiastic about their work and felt well supported by the staff team and managers. A member of staff told us the registered manager was "Very good and very supportive", as were other senior staff. They felt the service did well at learning and said, "If there is an issue we need to address it", adding, "(Registered manager) does not delay in addressing things".
- A health and social care professional told us, "I have found Crowlin House to be an excellent service that provide true individually tailored care for their clients. My clients all praise the service they receive and one individual in particular, who has moved on from there, keeps in touch with other clients who still are there and visits regularly as he found the place such an important part of his recovery journey and is very appreciative of the skills they helped him develop that allow him to live independently now".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were clear about their legal responsibilities and notified the commission appropriately.
- Where issues were brought to their attention, the registered manager investigated these and informed relevant parties as needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was well organised and supported by a motivated staff team, which helped to ensure the planning, ongoing assessment and review of service delivery was effective and opportunities for improvement were acted upon.
- Staff had a clear understanding of their roles and responsibilities and demonstrated passion and commitment in their work. Individual staff had lead roles as 'champions' for aspects of the service including falls, health and wellbeing, IPC, safeguarding, and smoking cessation.
- A health and social care professional told us, "I have also found the registered manager to be sound in her judgements when making decisions about residents and whether to accept applications for potential new

ones".

- Staff team meetings were recorded and regular agenda items included policy updates, safeguarding people, health and safety, and discussion about ensuring good practice.
- The provider carried out regular health and safety audits and the report of the most recent of these showed all actions required after the previous audit had been completed.
- Procedures were in place for responding to and reporting accidents and incidents. Where necessary, action plans were created and followed up until the actions were completed.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us there were regular residents' meetings where they could bring up any suggestions or concerns, ideas about what they would like to do, and discuss what was going on in the community that they might like to take part in.
- People's views were also sought via meetings with their key workers. There were also bi-monthly committee meetings with support workers, which people could also attend if they wished. A four monthly newsletter was led by people using services. A person told us they couldn't think of anything they would change about the service.
- Staff also had opportunities to provide feedback about how the service was being delivered. Staff said they were able to raise any issues or concerns with the registered manager and were confident that they would be addressed.

Continuous learning and improving care

- The provider carried out regular audits of the quality and safety of the service. These included medicines, health and safety, infection prevention and control, support plans and risk assessment audits. The registered manager had a quality improvement action plan with the dates when actions were completed, or updates added.
- Support plans had become more outcome based since the last inspection.
- The provider had a system of 'peer review' inspections across services, which enabled managers to give and receive feedback and learn from other services.
- Action charts were drawn up and implemented following team meeting discussions.

Working in partnership with others

- The service worked effectively in partnership with other agencies, including GPs, hospitals, pharmacy, and the community mental health team, to support people's needs and promote good practice.
- A health and social care professional said, "Staff work well at networking" and that they often had conversations about the service with the registered manager. They spoke highly of the service culture and ethos, which was "Centred on people using the service". Another health and social care professional told us, "I am able to share with them my insights and observations from my session with the resident and they share with me what they have experienced".