

Crowne Home Care Limited

Littleton House

Inspection report

1a Ormond Road
Rubery
Birmingham
West Midlands
B45 0JD

Tel: 01214530500

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At our last inspection in October 2015 the provider was meeting the regulations but we identified that improvement was required in some areas. People were at risk of having decisions about their care being made by people who did not have the right to do so. The provider had also not informed us of some incidents where they were required to do so and quality assurance systems had not always been effective. This inspection identified that these issues had been addressed but some further improvements were needed.

This service is registered to provide personal care to people in their own homes. At the time of the inspection the service was providing care and support to 20 people who lived in shared accommodation on the same site as the location of the office for Littleton House. Some people were receiving 24 hour support and others received fewer hours of support each day, according to their assessed needs and level of independence.

A registered manager was employed at the service. 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 were trained in recognising possible signs of abuse and they knew how to report any possible suspicions to the relevant authority. Staff demonstrated awareness of possible warning signs of safeguarding concerns and the action to take. All of the staff we spoke with told us they were confident that if they reported any safeguard concerns to the manager they would be dealt with appropriately. Action had been taken to respond to concerns about staff practice but the local authority had not been notified of these issues.

People were usually supported by staff who were familiar with their needs but there was some use of agency staff to cover staff vacancies. Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs. People's medicines were safely managed and administered by staff who had received training and had been assessed as competent to administer medicines.

Staff had received induction training when they first started to work for the service and received on-going training to make sure that they continued to have the skills to provide people with appropriate care and support.

People were supported to eat enough food and drink by staff who understood their nutritional needs. People's health was supported by access to a variety of health professionals.

People said staff were caring and that they had built up close relationships with the members of staff who supported them. People told us they were able to make everyday choices for themselves. People and, where appropriate, their relatives were consulted about their preferences and people were treated with dignity and

respect. Improvements were needed to make sure people's privacy was consistently respected. Staff we met spoke enthusiastically about the people they were supporting, and were able to explain people's needs and preferences.

Staff we spoke with told us the registered manager was friendly and supportive, however two care professionals described two examples where they felt the practice of the registered manager could be improved. We saw there was a process for staff to contact the registered manager during out of hours if they required additional support or guidance.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service and there were effective systems in place if people wished to make a complaint.

Improvements were needed to how the service was managed to include systems for responding to incidents and some aspects of record keeping. The registered manager showed us that the provider has recently purchased a new care planning and quality assurance package and told us it was intended to fully complete this process by February 2016.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People told us that they felt safe. Staff were trained in recognising the possible signs of abuse. The provider had taken action to respond to concerns but had not followed safeguard procedures in relation to informing the local authority.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood how to support people's rights and respect their decisions and choices.

People were supported to have enough suitable food and drink when they wanted it. People had access to health care professionals to meet their specific health care needs.

Is the service caring?

Good 

The service was caring

People's privacy was usually respected.

People were happy with the support they received. People told us that staff were kind and helpful when supporting them.

Is the service responsive?

Good 

The service was responsive to people's needs.

People were supported to take part in activities they enjoyed and to access the local community.

People's comments and complaints were listened to and acted on.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to how the service was managed to include systems for responding to incidents and some aspects of record keeping.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Requires Improvement 

Littleton House

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 12 October 2016 and was announced. The provider was given 48 hours' notice because the location provides support to people in their own homes and we needed to make sure the registered manager was available when we visited. Following this visit we received some concerns, we therefore visited on a second day. This was unannounced on 6 December 2016. On both visits the inspection team consisted of one inspector.

Before the inspection we looked at the information we already had about this provider. We looked at the notifications we had received from the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. As part of the inspection, the provider had 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. This information was received when we requested it. All this information was used to plan what areas we were going to focus on during the inspection.

We spoke with eight of the 20 people who were using the service and with two relatives. We spoke with the registered manager, business development manager, senior care co-ordinator and six care staff. We also received information from three care professionals who had recent contact with individuals using the service. We looked at three people's care records and other records that related to people's care such as medication records. We also looked at staff employment and training records to see if staff were suitable to support the people who used the service.

We looked at the provider's quality assurance system and audits to identify the provider's plans to improve the service. Following our inspection visit we requested and received some additional information from the registered manager.

Is the service safe?

Our findings

We spoke with people who used the service. The majority of people told us they felt safe. One person told us, "I feel safe living here." Another person told us, "I feel safe, nothing frightens me here." One person told us they had not always felt safe. They explained that previously someone from outside the service had accessed the garden but that the provider had taken action and installed additional security lights. This showed action had been taken to respond to the person's anxiety. Relatives we spoke with told us they did not have any safety concern in relation to the support their family members received from staff.

Staff were trained in recognising possible signs of abuse and they knew how to report any possible suspicions to the relevant authority. Staff demonstrated awareness of possible warning signs and the action to take. All of the staff we spoke with told us they were confident that if they reported any safeguarding concerns to the registered manager it would be dealt with.

During our inspection we received concerns about staff practice, one involved an incident where an agency member of staff had left people unattended. We discussed these concerns with the provider. We saw that this had been reported to the agency by the provider and that action had been taken by the agency. Evidence was available to show that other concerns about staff practice had been investigated and dealt with through the provider's disciplinary procedures. Whilst these concerns had been investigated and action taken to protect people we discussed with the provider that consideration should have also been given to reporting these incidents to the local authority.

Some people needed to use a hoist to change position or to move from bed to chair and chair to bed. Staff told us and records confirmed that they received training on using the hoist. People's plans contained assessments showing the possible risks to people, including risks relating to the environment and activities. These plans included details of the ways in which staff minimised the risks to keep people as safe as possible. One person confirmed they were supported by two members of staff when being assisted to move, this was in line with their care plan. Risk assessments and guidance on the use of the hoist had been completed although we noted these did not contain clear guidance on the use of the sling with the hoist. The registered manager and senior care co-ordinator had already identified this as an issue and were able to show us that they were already working on new, more detailed guidance. This should help to ensure staff have sufficient information to help them to assist people safely.

On the second day of our inspection visit we observed that a person did not have a smoke alarm fitted in their bedroom, they told us it had been like for some time. The business manager told us they had not been aware of this and made arrangements with the landlord for this to be rectified as a priority. It was a concern that staff supporting the person had either not observed or not reported this safety risk to the provider or the landlord.

One relative told us, that their family member had been at risk of falls but that action had been taken to reduce this risk. At our last inspection we found that one person had a bed with rails that had been obtained for them by a health professional due to the risk of the person falling out of bed. We noted that the provider

had not completed an assessment on the use of the bed rails to make sure they were safe. At this inspection we found this had been rectified and a risk assessment had been completed that determined they were safe to use.

People told us that there were enough staff to provide the care and support which they needed, however some people told us they were not entirely satisfied with the number of staffing hours that had been allocated to them by the local authority. The registered manager told us that they provided the number of hours assessed as required by the local authority. They told us that the allocated hours were discussed with people and provided at times that had been agreed with them. We were informed that a review meeting with the local authority was arranged for one person who not fully satisfied with their hours to help resolve this.

People told us that they were usually supported by staff who were familiar to them. One person told us, "I usually get the same staff. They are not short of staff." One care professional commented to us that there had been some turnover of staff and that sometimes people were supported by agency staff. Our discussions with the registered manager confirmed that a number of staff had left the service and new staff had been recruited. We were informed that where agency staff were used the provider tried to use staff who were familiar with people and also employed agency staff on a longer term contract with a view to them becoming permanent members of staff. The registered manager gave an example of a person being introduced to a small number of staff whom carried out some shifts with them. Once the person confirmed their preference these staff were employed on a permanent basis.

People's relatives did not raise concerns about the staffing arrangements. One person's relatives told us, "Yes, there are enough staff." The staff we spoke with told us there were enough staff to support people. One member of staff told us, "What I do like here is that they respond very quickly sort out if someone phones in sick."

During our inspection we had received a concern about the recruitment practice followed by the provider. The registered manager told us, and records confirmed, that staff were appointed through a standard process which included obtaining two references and checks through the Disclosure and Barring Service (DBS). This was also confirmed by newer members of staff that we spoke with and the six staff recruitment records that we sampled. These checks helped to ensure people were supported by staff who were suitable.

The registered manager told us that the majority of people they supported needed assistance to take their medication. People told us they had their medication when they needed it. One person told us, "I get it on time." Another person told us, "I get my meds when I should."

We saw information in people's care records showing which medication people needed to take. People's needs in terms of support in this area were recorded in their plans. Staff who administered medication told us that they had received training to do this and had also been assessed to make sure they were competent to support people with this task. Administration records had been completed by staff and these indicated people received their medication as prescribed. Audit systems were in place so that the provider could check that people had received their medicines.

Is the service effective?

Our findings

The majority of people told us they were happy with the service they received. One person told us, "This is my own home, I would not leave here for nobody." Another person told us, "When I first came here I was nervous but now I have got used to it I like it." Both people indicated they were satisfied with the service they received. A relative told us, "I am happy with the care [person's name] is getting."

Staff told us, and records confirmed that staff had received induction training when they first started to work for the service. Staff confirmed they felt supported in their role. The registered manager told us, and records confirmed that new staff worked at least three shifts alongside a more experienced member of staff before they worked on their own. The registered manager and senior care co-ordinator told us the Care Certificate was available for new staff if they required it. This certificate has been implemented nationally to ensure that all staff who work in the care sector are equipped with the knowledge and skills they need to provide safe and compassionate care.

Staff received on-going training to make sure that they continued to have the skills to provide people with appropriate care and support. One member of staff told us, "My training is all up to date but we can ask for any extra training." The registered provider had a system in place that identified the specific training staff required in relation to the needs of the people they were supporting. For example some staff undertook training in epilepsy whilst other staff needed training in autism or managing behaviour. A system was also in place that identified when staff were due to have refresher training so that they could plan for the necessary training to be arranged.

Staff told us that they received support and supervision from their managers in the form of formal and informal one to one sessions and observations. Records we reviewed confirmed this. One member of staff told us, "I get full support from the management."

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. At our last inspection in October 2015 we identified that one person's care plan recorded guidance for staff to follow that was not in line with the MCA. At this inspection this person was no longer receiving a service and the care plans we sampled did not conflict with MCA expectations.

People told us they were able to make everyday choices for themselves. One person told us, "I can have a shower when I want one, not when they [staff] say." The staff we spoke with confirmed they had received training about the MCA and told us how they sought consent from people.

One member of staff told us, "We cannot make choices for people, we have to explain the options to them." Another member of staff told us, "We allow time [for people] to think things through and choose."

People told us that they chose what they ate and drank. People went food shopping on their own or with

staff support if needed. One person told us, "I choose my own food. Staff cook what I choose." Staff we spoke with could explain what people liked to eat and drink and how they would support them in line with these wishes. Some people were at risk of choking and needed their meals prepared in a certain way to reduce this risk. The staff we spoke with were aware of this.

One person had been prescribed food supplements and a fortified diet as they were underweight. We checked this person's food records and saw that food served was in line with the person's needs. One care professional told us that staff understood the needs of this person they were working with and staff acted on any advice they gave. They had identified that one member of staff had not correctly followed one person's food texture guidance. The registered manager provided evidence following our inspection that additional training was scheduled for staff to help ensure all staff had a good understanding of the risk of dysphagia.

People told us that the registered manager helped them to access the support of other health care professionals when necessary to maintain their health. One person told us, "Staff make sure I am well and take me to the doctor if needed, but I am not looking forward to having the flu jab." At our last inspection we saw that one person was experiencing some current health concerns regarding constipation. A care plan was in place but this was not specific about when staff needed to seek medical advice. At this inspection we found that the care plan had been updated. Care records showed that staff were following the recorded guidance for supporting this person and had sought advice from the GP when needed.

Is the service caring?

Our findings

When we visited people in their own homes we saw that staff rang the doorbell and sought permission before we entered. However whilst we were in the home of three people a member of staff who was working with other people entered through the patio door without first seeking permission. The registered manager told us they would ensure this area of practice was addressed.

Most people told us that staff respected their privacy and dignity. One person told us however that sometimes staff knocked on their bedroom door but forgot to always seek permission before they entered. A social worker told us that staff had not always respected the privacy of two people and that people were instructed not to lock their rooms. This meant that people's right to privacy was not consistently respected by staff.

People spoke with affection about the staff who supported them. One person told us, "Staff are nice to me." Another person told us, "The staff are all fantastic." A relative told us, "The staff are all kind and caring."

When we visited people to speak with them we observed positive interactions between staff and people using the service. People seemed relaxed and comfortable in staff company. One person told us, "If I have a problem I can just talk to the staff. My keyworker sorts out any problems I have."

Staff demonstrated that they understood the importance of respecting people's choices. The registered manager respected people's choices not to invite us into their property if they did not want to by providing us with a venue in which to meet a person who did not want to invite us into their home.

People said that staff helped them to maintain relationships with people of their choosing. People told us and their care records showed that they regularly met with and had visits from relatives and friends. One person told us, "I can have friends visit when I want." A person's relative told us, "I can visit at any time to suit [person's name]."

People we spoke with and relatives confirmed that people were supported to maintain or develop their independence. People gave examples of having opportunities to do their own shopping and cooking. One person told us they sometimes assisted the staff in the office and delivered papers to the other bungalows in the supported living scheme. One person told us, "I feel independent here." A member of staff told us, "Sometimes we have to take a backseat as this is supported living. Sometimes we have to prompt people, but we always ask what they would like to do."

Is the service responsive?

Our findings

Most of the people we spoke with told us they knew they had been involved in establishing their care plans, other people could not remember or did not know. One person told us, "I have been involved in my care plan. They came to my house before I moved in and did it with me. If anything needs changing they do it." Another person commented, "I do have a care plan but I think I would like to talk more to the manager about it." We saw that the relative of a person who had recently started using the service had provided some detailed information about the person's personal preferences. We saw that the registered manager had taken account of this and had started to include this in the person's care plan.

Staff were allocated to each person and were involved in the care planning process. This gave staff access to information and guidance about how people wanted to be supported. The registered manager told us that the service was currently having difficulties in safely meeting the needs of one person as they were often refusing staff support. The registered manager told us they had made a referral to the local authority to try and resolve this and that a review of the person's needs was scheduled.

We saw that people needed support in different areas of their lives. Some people needed full time support and others needed specific assistance in one area. People expressed confidence that staff would support them to undertake activities of their choice and to follow their interests. People gave examples of being supported to go shopping or to activities at a local college. One person told us, "I'm happy with the activities I'm supported to do."

People told us if they were not happy about something they could talk to staff or report it to the managers. One person told us, "I would tell [the manager] and I think they would listen." Another person told us, "Any concerns, they do try and take action. I have a meeting with staff so I can be involved."

Our discussions with people and the registered manager showed that in response to some complaints people had been offered to opportunity to discuss and resolve their concerns. Where people wished to do so, the registered manager arranged for them to meet with the team of staff who supported them to discuss the concerns they had and how they wanted to be supported in future. Relatives told us they would feel confident to make a complaint. One relative told us, "Any concerns I have raised, all minor ones, have been listened to and action taken."

The service had a policy and procedure for dealing with complaints. This included dealing with the complaint and feeding back to the person to let them know the outcome. People had received a copy of the service user guide, which was in an accessible format and included the complaints procedure. We looked at the procedure followed for a complaint that had been resolved. We saw that the registered manager had taken action to investigate the concerns raised and had communicated the outcome of the complaint to the complainant and the actions they had put in place.

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. The majority of people and their relatives were complimentary about the management of the service and felt that any concerns raised would be acted on. We received feedback from two care professionals who told us that some improvements were needed. One care professional told us that the registered manager could have been more pro-active in responding to a recent change to the support needs of one person. Another care professional told us that although the registered manager had made a referral for an assessment of another person's needs, the registered manager had not provided the full details of this person's needs, which had meant that the referral had not been given a high priority as found to be needed.

The registered manager kept a log of accidents and incidents that had occurred at the service. Our last inspection identified that an analysis of all incidents and accidents was not undertaken. The registered manager had made some improvements and introduced a log so that it could be identified if there had been an increase or decrease in the number of incidents and accidents relating to a particular individual. However, the log did not summarise the type of incident and not all incidents had been recorded satisfactorily. We were made aware of one incident by a care professional and the registered manager was not able to evidence this had been recorded in the incident log. Further improvement was needed to the recording and investigation of incidents to help identify patterns or themes and use these to prevent future similar occurrences.

During our inspection we received some concerns about the maintenance of the environment. The landlord of the properties where people lived was responsible for their upkeep but we looked at the systems the provider had in place to report maintenance issues to the landlord. The business manager provided evidence that they had a system in place to support people to report maintenance issues but did not have an effective system to check issues were resolved. We were informed that action would be taken to improve the reporting and follow up of maintenance issues. The provider was liaising with the landlord and they planned to introduce an online facility for reporting maintenance issues. The business manager told us, "This App will allow us to monitor the timescales and response times to reported issues and accurately escalate and highlight poor performance. "

The provider conducted spot checks to observe if staff supported people in line with their care plans to see if there were any areas for improvement. A concern that was raised during our inspection in regards to staff behaviours. We identified that improvement was needed to evidence checks were not just undertaken in office hours and also took place at evenings and weekends. We were informed by the registered manager that out of hours checks had always been undertaken but that these had not always been recorded. A care co-ordinator had recently been employed would be completing these and we were provided with evidence that these had recently commenced and reports of these were available. Out of hours spot checks will help people to be confident that staff are performing their expected duties to the required standards.

At our last inspection the provider had failed to comply with some of their responsibilities to the Commission. The service rating had not been on the provider's website and we had not been informed of all

safeguarding occurrences and of incidents where the police had been called to the location. This inspection found these issues had been addressed. The service rating was now on display and the provider had notified us of incidents that they were required to. The registered manager told us they attended various events and training to help keep themselves up to date with good care practice and legislation. Examples of this included attendance at Birmingham Care Development Agency workshops and forthcoming training on 'Train the Trainer' for moving and handling.

During our visit we saw that a number of people had care plans that were overdue for review. The registered manager showed us that the provider has recently purchased a new care planning and quality assurance package. Some care plans had been updated and transferred to the new system but this was still in process for some people. The registered manager told us that they intended to fully complete this process by February 2016. The registered manager was very enthusiastic about the new system as it had the facility to alert the registered manager if staff had not completed a person's care plan, for example if medication was not administered or an activity was not completed.

There were systems in place to monitor the quality of the service through feedback from people who used the service and a programme of checks. The views of people, their relatives and staff had been sought by the provider via quality questionnaires. An overview report of the findings had been completed and these showed that people were generally satisfied. One person told us, "They have asked me if I am happy here."

The provider had recently recruited a senior co-ordinator to assist them in completing audits on how the service was performing. One member of staff told us, "The provider does try to maintain high standards." The staff we spoke with told us the managers were approachable. Staff comments included, "It's a very nice place to work. Everyone is helpful. Any concerns I have raised have been listened to and they took action straight away." Another member of staff told us, "I love my job here."

There was on call support from the management team at all times. Most staff told us they had not had to use the on- call system but one member of staff who had used it said they had not encountered any difficulties in getting hold of the manager. Staff meetings were arranged so that the manager could feedback any issues to staff to help improve the service people received. Staff meetings were also an opportunity for staff to share their views and opinions.