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The Crown Rest Home

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

This inspection took place on 19 May 2016 and was unannounced.

The Crown Rest Home is a service that provides accommodation and residential care for up to 18 people. On the day of the inspection, there were a total of 17 people living at the home. The provider is registered as an individual and therefore, does not require a manager to be registered at this home.

People who lived at The Crown Rest Home were cared for by kind, caring and compassionate staff who treated them as individuals. An open and transparent culture had been established where people were listened to and where their opinion mattered.

There were enough well trained staff with the right skills and knowledge to provide people with safe and effective care. People's dignity and privacy was upheld and their choices about how they wanted to live their lives were respected.

People were happy with the care they received and felt safe living at The Crown Rest Home. The leadership at the home was good. The staff were happy working at the home and their morale was high. They were supported to develop and learn which made them feel valued.

Good quality care was provided that met people's needs and helped them maintain their wellbeing. The provider was investigating into ways to improve people's wellbeing further.

There were good effective systems in place to assess and monitor the quality of care that was being provided.

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.

Risks to people's safety had been assessed and actions taken to reduce the risks of them experiencing harm.

Systems were in place to protect people from the risk of abuse.

There were enough staff to meet people's needs and to keep them safe.

People received their medicines when they needed them.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to provide people with care to meet their needs.

Staff obtained consent from people before providing them with care. They understood their legal obligations on how to support people who could not consent to their own care and treatment.

People had a choice of food and drink and they received enough to meet their needs.

People were supported by the staff to maintain their health.

Is the service caring?

Good

The service was caring.

People received care that from kind, caring and compassionate staff.

People and their relatives where required, were involved in making decisions about their care. People were actively encouraged to make choices about how they lived their lives.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's individual care needs and preferences had been assessed and were being met.

The provider had a system in place to investigate and deal with complaints.

Is the service well-led?

Good

The service was well-led.

There was an open culture within the home where people and staff were listened to and felt that they mattered.

Good leadership was demonstrated at all levels.

There were effective systems in place to monitor the quality and safety of the service provided.

The Crown Rest Home

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 19 May 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete 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 was received from the provider. We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority quality assurance team and the local clinical commissioning group.

During the inspection, we spoke with six people living at The Crown Rest Home, one visitor, five staff, the deputy manager and the provider who managed the day to day running of the home. We also observed how care and support was provided to people.

The records we looked at included three people's care records, five people's medicine records and other records relating to people's care. We reviewed two staff recruitment files and staff training records. We also looked at records relating to how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at The Crown Rest Home. One person told us, "I feel very safe here." Another person when asked said, "If things are not right then I tell them [the staff] and they sort it."

People were protected from the risk of abuse. The staff we spoke with knew how to keep people safe and protect them from the risk of abuse. They understood the different types of abuse that could occur. They told us they would report any concerns they had to the provider or to an outside agency such as the local authority if they felt this was required. The provider and deputy manager were also aware of their responsibilities to report and investigate any alleged abuse if necessary.

Risks to people's safety had been assessed in a number of areas including in relation to falls, not eating and drinking enough and developing a pressure ulcer. The staff we spoke with were able to demonstrate to us they understood these risks and what they needed to do to keep people safe. For example, staff said they made sure people had the necessary equipment with them when they were walking to reduce the risk of them falling. Other staff said they needed to make sure that some people had specialist equipment in place to reduce the risk of them developing a pressure ulcer. We observed that this equipment was in place. These risks were regularly reviewed and actions taken to reduce any risks if required.

The staff we spoke with were clear about their responsibility to report any accidents or incidents to the provider. The provider told us that these were fully investigated and analysed and that action was taken to reduce the risk of these happening again in the future.

Staff demonstrated to us they knew what action to take in the event of an emergency such as a fire or when someone became unwell. They confirmed that they had received training within these areas. We saw that the fire exists were clear of any obstructions so people could leave the building safely in the event of a fire. Fire doors were closed where required and regular testing of the fire safety equipment had taken place.

However, during our walk around of the home, we noticed that some radiators were not covered. Two of them on the ground floor and one on the first floor were very hot to the touch. This posed a risk to people's safety should they fall against one of these radiators. We brought this to the attention of the provider. They told us that the radiators were temperature controlled and that they should automatically be on a low temperature. However, they agreed that these radiators were too hot and therefore told us they would take immediate action to reduce this risk. After the inspection, we received confirmation from the provider that these radiators had been covered. They also confirmed that all radiators within the home had been assessed to make sure people were not at risk from contact with hot surfaces.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. The people we spoke with told us that there were enough staff to assist them when they needed support. One person told us how they had been unwell in the morning and that lots of staff had provided them with help. The staff we spoke with said there were enough of them to provide people with safe care and we observed

this to be the case on the day of the inspection.

The deputy manager told us that existing staff or a bank of staff covered any unexpected staff shortage and that the number of staff required to work at the home was calculated based on people's individual needs.

The staff files we viewed showed that the relevant checks had taken place before staff members commenced their employment. This was to make sure they were of good character and were appropriate to work with the people who lived within the home.

People received their medicines when they needed them. All of the people we spoke with confirmed this during our conversations with them. One person told us how they were regularly asked if they were in any pain and therefore, whether they needed any medicine.

People's medicines were stored in a secure room to make sure they could not be removed or tampered with by unauthorised people. The temperature of the medicines was monitored closely so they were safe to give to people. The records we checked demonstrated that people had received their medicines as intended by the person who had prescribed them. This included medicines such as Warfarin which some people needed to receive in differing doses throughout the week.

There was information within people's medicine records that gave staff clear guidance on how to give people medicines that had been prescribed for occasional use. This helped staff to ensure that these medicines were only given to people when they needed them and not routinely. The staff we spoke with were clear about how to give people their medicines safely and their competency to do this had been regularly assessed by the provider.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills required to enable them to carry out their roles effectively. All of the people we spoke with told us they felt the staff were well trained. One person told us, "Yes, the staff are very good."

The provider told us they assessed how each staff member liked to learn and tailored their training taking into account their individual needs. For example, the provider was aware that some staff were visual learners whilst others learned better from reading various material. The staff told us that the way they received their training provided them with the skills and knowledge they needed to give people safe and effective care.

Training had been received in a number of subjects including safeguarding adults, infection control, medicine administration, eating and drinking and assisting people to move. Some staff had completed additional training in subjects such as pressure care, diabetes and catheter care. We observed the staff providing people with safe care and demonstrating good care practice throughout the inspection.

New staff who commenced working within the home completed the industry recognised Care Certificate. This covers a number of different subjects to provide care staff with the skills and knowledge they need to provide people with effective care. New staff were not able to work with people independently until the provider was satisfied that they were competent to do so.

The provider had recognised that some people who were living with dementia had an increase in their individual needs. In response to this, they had employed a new member of staff who had received training in dementia care. The role of this new member of staff was to pass on their knowledge to the other staff working within the home within this subject. We spoke to this member of staff who told us that they were planning some coaching sessions regarding various subjects such as activity provision, consent and the environment in relation to dementia care.

The staff we spoke with told us they were happy with the levels of support and supervision they received. They said that this involved sitting down with the provider or a senior member of staff and also having their care practice observed. They told us that they regularly received constructive feedback to help them improve their care practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are

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 were being met.

All of the people we spoke with told us that the staff sought their consent before a task was performed. The staff we spoke with understood the importance of seeking people's consent and offering them choice about the care they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests. They gave us clear examples of how they supported people to make decisions when this was necessary. There was detailed information within people's care records to give staff guidance on how they needed to support people to make a number of different decisions about their daily lives.

In the main, we observed staff asking for people's consent throughout the inspection. However, we did see one incident where two people living with dementia were not asked if they wanted to wear a tabard to protect their clothing during the lunchtime meal. We brought this to the provider's attention who agreed to speak to the staff involved.

The provider had assessed each person living in the home to ascertain whether they were being deprived of their liberty in their best interests. One application had been made to the local authority which was currently with them for their consideration. In the interim, the provider and the staff told us that they regularly reviewed the restrictions in place to ensure they remained in the person's best interests.

People received support with eating and drinking and to maintain a balanced diet. All of the people we spoke with told us the food was of good quality. One person said, "It's very good, you cannot fault it." Another person said, "The meals are pretty good."

At lunchtime, we observed that one main meal was offered. If the person did not like this then an alternative of their choosing was made. One person confirmed this to us. They said, "The food is adequate. The cook will get you things, I asked for an avocado and she got me one." We observed another person having a different main meal and the cook confirmed that they would make people alternatives if these were required.

We observed the lunchtime meal. The atmosphere within the dining room was happy and there was lots of chatting amongst the people who lived in the home. People were offered a choice of drink, with some choosing to enjoy an alcoholic beverage. People who required support to eat and drink received this.

The kitchen staff told us that the communication to them about people's individual food and drink needs was very good. This made sure that people received the correct diet for their own needs. The kitchen staff were aware of people's likes, dislikes and any cultural preferences they had in relation to their food and drink.

The staff told us that they monitored people who were at risk of not eating or drinking and we saw that they had received specific training within this subject. Where concerns were found, advice had been sought from an appropriate healthcare professional such as the GP, dietician, speech and language therapist or diabetic specialist nurse. The home had worked in collaboration with the NHS food first project to raise awareness about the risks of not eating and drinking sufficient amounts to maintain good health.

People were supported to maintain good health and had access to healthcare services as necessary. All of the people we spoke with told us they saw healthcare professionals such as their GP, dentist, optician or

chiropodist when they needed. One person said, "Yes, I get to see the GP when I need to." Records we looked at indicated that people saw their GP, the district nurse, optician, dentist and chiropodist when they needed to help them maintain their health.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the staff were kind and caring and that they were treated with respect. One person said, "I came for a week's stay and stayed here. That was five years ago!" Another person told us, "The staff are excellent." A further person said, "They [the staff] are always very helpful."

The staff demonstrated to us that they knew the people they supported. They understood people's individual likes, dislikes and preferences. When the person started living in the home, their life history had been explored. The staff told us this helped them to develop their understanding of the person and facilitated conversations with them about the past.

We observed that people were comfortable in the staff's presence. Conversations were friendly and mutually respectful. When assisting people to eat their meals, this was done in a dignified and respectful manner. The staff member sat by the person, engaging them in quiet conversation. The food was offered in an amount the person could easily manage and they were given time to eat before another mouthful was given to them.

The staff we spoke with were very clear about the importance of enabling people to make choices about their daily lives. We observed throughout the day that most people could make decisions about how they wanted to be cared for. This included areas such as making choices about where they wanted to spend their time within the home, where they ate and what they wanted to eat.

We saw that where able, people had signed their care plans to demonstrate they had been involved in making decisions about how they wanted to receive their care and support. The staff told us that formal reviews of people's care took place each month where they discussed all aspects of the person's care with them and/or with their relative.

People told us that their independence was encouraged. One person told us, "I like to do as much as I can myself. They [the staff] help if needed." We observed staffing providing people with gentle encouragement and praise when they walked around the home independently.

People's privacy was respected. The staff we spoke with demonstrated to us that they understood the importance of respecting people's privacy and dignity. They knocked on people's doors before entering into their rooms and addressed people using their preferred names. When personal care was being given, the staff made sure that the doors to people's rooms remained closed.

People were supported to maintain their spiritual beliefs. People were able to attend communion that was provided within the home and people of other faiths were taken to their preferred place of worship either by their family or by the staff.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. All of the people we spoke with told us they were happy with the care they received and that their individual preferences were met. One person told us how the staff helped them to go to bed at a time of their choosing.

When people moved into the home, their care needs and preferences were fully assessed and recorded within their personal care record. This included information such as what time people wanted to get up in the morning, when they wanted to have their meals and whether they wanted assistance from a male or female staff member.

In the main, there was clear information within people's care records to guide staff on the care that people required. However, although staff knew what care to give people to meet their individual needs, some records were not specific to the care required or contained conflicting information. For example, two people's pressure care records stated the person required to be regularly re-positioned to prevent the risk of them developing a pressure ulcer but no time-scale was given. One person's care record stated that they walked with a walking frame but they were being looked after in bed. We raised this with the provider who agreed to review the care records immediately to make sure they accurately reflected the care required.

The staff told us that they all treated people as individuals and strived to provide them with care based on their own individual needs. They were clear about the importance of equality and diversity and gave examples of how they supported people with diverse needs. This included people who had cultural and spiritual needs.

We received mixed feedback from people about their access to activities to complement their hobbies and interests. One person told us, "There is plenty to do, I can keep myself amused." However, another person said, "I don't think there are any outings or activities at the moment." A further person said, "I miss flower arranging and card making." They went on to tell us how they used to do this but that they had not been involved recently.

We spoke with the staff about outings, activities and how they helped people maintain hobbies of interest. They told us they were aware of people's individual preferences in relation to activities and that these were often offered to people to take part in if they wished to. These included coffee mornings held within the local community, bingo, painting, cookery or making birthday cards.

Two people had been taken out to the local chapel for a coffee on the morning of the inspection. The staff told us that outside entertainers also often visited the home to play people music. The staff member who was responsible for the provision of activities told us that they were still getting to know people's individual interests having only recently taken up the role. They said they were actively trying to improve the provision of activities to ensure they were all based on people's individual needs. The provider told us that they were looking to improve the activities on offer, particularly for those for people who were living with dementia as they were aware that their needs had changed.

We did observe some people taking part in craft making during the afternoon of the inspection. Other people were seen knitting or reading a book or newspaper. One person was taken around the garden by a member of staff to look at the flowers. We saw from their care record that they liked gardening and flowers and had been able to bring some pots with them from their previous home.

The staff told us that some people who lived at The Crown Rest Home were at risk of social isolation. To reduce this risk, they told us that they regularly involved these people in activities they enjoyed or spent time with them in their room chatting to them.

There was Wi-Fi within the home and some people had computers or mobile devices that they used regularly. We observed people using these during the inspection. People were able to keep in touch with their families or people who were important to them via the computers when they wished to. This helped them to maintain relationships that were important to them.

We observed staff being responsive to people's individual needs throughout the inspection. This included responding to them when they requested support with personal care, a drink of if they wanted to go back to their room after lunch.

The staff we spoke with told us they had access to people's care records so they understood the care that people required. They confirmed that people's needs were reviewed each day during handover meetings between the staff to make sure they were aware of any changes that were required to people's care.

The people we spoke with told us they did not have any complaints about the care being provided. They said they felt comfortable to raise a complaint if they needed to. One person said they had raised a complaint verbally recently which had been fully listened to and resolved to their satisfaction. No written complaints had been received by the home. There was information available to people around the home advising them how they could complain if they were unhappy about any aspects of the care they had received. We were therefore satisfied that people's concerns and complaints were dealt with appropriately.

Good

Is the service well-led?

Our findings

The home had embedded an open culture based on treating people as individuals. Good management and leadership was demonstrated.

The people we spoke with told us they felt the home was well-led and that they could raise issues and concerns without hesitation with staff who were open and approachable. They said they felt listened to by the staff and the provider. All of the people, relatives and staff we spoke with told us they would recommend The Crown Rest Home as a place to live. The staff told us they would be more than happy for a relative of theirs to live within the home. A visitor told us that they were very pleased with the care their friend was receiving and that the home was, "…a luxury compared to others."

There was a stable staff team working in the home, some of whom had worked for the provider for a number of years. All of the staff we spoke with told us they enjoyed their work and their morale was good. They said that their training and the leadership at the home had led them to develop a culture of treating people as individuals. They added that they felt very supported by the provider and deputy manager and told us that any concerns they had raised in the past had been acted on and dealt with quickly.

The staff were encouraged and supported to develop within the home. Some staff told us how the provider had helped them achieve qualifications within the care home sector which had made them feel valued. One staff member said they had gained a promotion since working within the home which they were very happy about.

The provider was passionate about promoting training and development of the workforce within the care sector. They currently sit on a board of a local health and social care organisation which actively promotes these areas. The provider told us that they utilised best practice information from the National Institute for Health and Care Excellence and Department of Health when planning the training the staff at the home received.

The provider had made good links with the local university and NHS organisations. This enabled the home to provide placements to students on training placements and become involved in the development of the 'care home assistant practitioner role'. This is a new role that is being implemented within care homes and the NHS to improve the quality of care provided to people who live within care homes. The provider had recently won an award for being the most supportive provider to students on placement in recognition of their work with regards to this.

The provider told us that they were looking to improve the wellbeing and quality of life for the people living within the home based on current best practice and research. They were currently in talks with a company who provided virtual reality systems to providers. This was to explore how people who were being cared for in bed could be provided with a virtual reality experience to improve their wellbeing. Also, they had requested their new member of staff to implement changes to how care was being provided to people who were living with dementia.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the provider and senior staff. These had assessed areas such as the accuracy of people's care records, people's nutritional needs and the management of people's medicines. If any issues had been identified, we saw that action had been taken to correct these and learning from the incident had been applied.

The provider monitored the completion of staff training to make sure that the staff had the required skills and knowledge to provide people with safe, good quality care. They also tailored the training to meet the staff member's individual needs. Regular checks of the staff's care practice also took place to make sure it was appropriate and safe.

A daily handover system had been put in place where staff communicated any changes in people's needs to each other. This made sure that people received the care they needed in a timely way. The provider regularly reviewed this process to make sure it remained effective. Staff meetings were also held where updates on best practice and people's individual care requirements could be discussed by the staff team.

The provider analysed the care that people received each month and any incidents or accidents that had occurred. This included all aspects of their care so they could take immediate action when necessary. For example, people's medical conditions were analysed and where necessary, the GP was contacted to review people's medical care with actions taken to prevent the recurrence of the illness. The provider told us that this had greatly reduced the number of admissions that had to be made to the local hospital.

People, their relatives, the staff and healthcare professionals were regularly asked for their opinion on the care provided. We looked at some of the responses received and saw that these had all been positive and complementary about the care provided.