

Crownwise Limited

# Crownwise Limited - Streatham Common South

## 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 

### Overall summary

This unannounced inspection took place 10 November 2014. The last inspection of the service was on 5 November 2013 when the service was found to meet all the standards which were checked at that time.

The service provides care and accommodation to seven people with mental health needs. It is located on the ground and basement floors of a large detached house. The service has a registered manager who has been in post for several years. 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.

People told us they liked living at the service. They said staff treated them well. Care records confirmed that people had been given appropriate support and care.

# Summary of findings

Their individual needs had been assessed and their support planned and delivered accordingly. People were involved in reviewing their support to ensure it was effective.

People received their medicines safely and were supported to maintain good health. The service worked effectively in partnership with the community mental health team (CMHT). People were supported to attend their health appointments. A health professional from the CMHT told us the service had effectively supported

people with complex needs to keep as well as possible. People were encouraged to follow and develop their interests and given the opportunity to comment on the quality of the service.

The provider had undertaken thorough and effective checks on the service. They wrote a monthly audit report on what people had told them about how they were treated by staff and the quality of record-keeping. Recommendations to develop the service were made and these were followed up to ensure people's experience of the service was improved.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Risks to people were assessed and staff put into practice plans to keep people as safe as possible. People received their medicines as prescribed. Staff understood how to identify and report any concerns about abuse or neglect.

Good



### Is the service effective?

The service was effective. People were supported by staff who were trained to meet their needs. People were fully involved in planning their care and staff obtained their consent before support was delivered. People were supported to eat a healthy diet and to receive the health care they needed.

Good



### Is the service caring?

The service was caring. People were treated well and their privacy was respected by staff. Staff understood people and communicated effectively with them about their support.

Good



### Is the service responsive?

The service was responsive. The service assessed people's individual needs and planned and delivered their support to meet their needs. People were asked about their preferences and encouraged to follow their interests and try new things. People were given the opportunity to raise concerns about the service and they were acted on.

Good



### Is the service well-led?

The service was well led. The registered manager had worked at the service for several years and was open and approachable. The provider made regular visits to check on the quality of the service. During these visits people were interviewed and records were checked. Recommendations were then made about how to improve the service which were followed up.

Good



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## 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 checked 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. It took place on 10 November 2014 and was unannounced.

The inspection was carried out by one inspector. We reviewed the information that we held about the service. This included statutory notifications the provider had sent to us about incidents at the service.

During the inspection we spoke face to face with a person who uses the service, three members of staff and the provider. We also talked briefly to the registered manager on the telephone. We observed how staff supported people and how staff handed over information about people from one shift to the next. After the inspection we spoke to a health care professional from the Community Mental Health Team to obtain their view of the service.

We read three people's care records and their medication administration records. We looked at recent reports completed by the provider on the quality of the service. We saw notes of meetings the manager had held with people who use the service and with staff. After the inspection, at our request, the registered manager sent us information in relation to the training and supervision of staff.

# Is the service safe?

## Our findings

People told us they felt safe in the service. A person said, “I am very comfortable here.”

Care records showed the service had assessed risks to people and had put plans in place to reduce the risk of harm. Daily records showed staff supported people in line with these risk management guidelines. For example, staff had recorded in a person’s daily records the action they had taken in response to a recent incident. It was clear staff had promptly taken all the necessary steps to reduce the risk of harm to the person in accordance with their risk management plan. This had included contacting other agencies. Care records showed risks to people were regularly reviewed to ensure risk management plans were up to date and effective. Where risks had been identified this had not resulted in any restrictions on people’s freedom to come and go from the service as they wished.

Staff we spoke with were able to explain how they would recognise signs of abuse and neglect. They understood the provider’s adult safeguarding reporting procedures. Staff also knew how to ‘whistle-blow’ if their own organisation had not taken the appropriate action to safeguard people. We saw records of financial transactions which confirmed that staff followed the provider’s procedures when supporting people to manage their money. The manager and provider had regularly checked that these procedures had been followed which reduced the risk of financial abuse. A person told us they trusted the staff.

We talked with two permanent members of staff who had worked for the provider for several years. They told us there were always sufficient staff on duty to safely support people. They told us the provider has a ‘bank’ of

experienced staff who are able to work at short notice and provide cover for any unplanned sickness. We also spoke with a ‘bank’ worker. They told us they had worked in the service previously and knew the people living there and their needs. A person told us they thought there were enough staff and said, “the staff are all alright to me.” A health professional told us the staff team was experienced and skilled.

Staff told us they were trained to respond to emergency situations. A person’s care records included evidence of night staff dealing appropriately with a person’s urgent medical needs. We read reports of fire evacuation drills which had been carried to ensure people were familiar with how to safely leave the building.

People said they got their medicines on time. During the inspection we saw a member of staff knock on a person’s door and said, “[Person’s Name] it’s time for your medicine now.” This corresponded with the time their medicine was due according to their medicines administration record (MAR) chart. We checked people’s MAR charts for the three weeks prior to the inspection. We saw that they had been fully completed by staff and it was clear that people had received their medicines safely as prescribed. People’s care records included information about each medicine they were taking and its possible side effects. We observed staff ‘handover’ meeting from one shift to the next and staff confirmed that they had given people the planned support with their medicines.

We saw that people’s medicines were stored securely. A report showed medicines administration procedures at the service had been checked by a pharmacist in July 2014 and found to be safe.

# Is the service effective?

## Our findings

People told us they thought staff carried out their jobs well. A person said, “I have no problem with them, they know what to do.” A health care professional said the service had provided effective support to people with complex mental health needs over a number of years. This had meant people had kept well and had not required admission to hospital for treatment of their mental health conditions.

Staff told us that they had completed an induction period when they first started work. They said that during this time they had been introduced to people, read their care records and observed how more experienced staff delivered care. They said they had also read and learnt about the organisation’s procedures in relation to topics such as record keeping and dealing with emergencies. They said they had received training which was relevant to people’s needs and improved their understanding of how to support people well. Training records confirmed staff had received training in areas such as understanding mental health needs and person centred care planning. Staff had regular updates to their knowledge in relation to key areas of their job role, such as health and safety and the safe administration of medicines.

Staff received regular one to one supervision from their manager to discuss their work role. Notes of supervision meetings showed that staff discussed people’s individual needs and health conditions and developed plans to improve the delivery of their support. For example, people’s leisure activities were discussed and plans were made in relation to how people could be supported to follow their interests. Staff records confirmed that the manager had monitored and assessed how staff delivered people’s support. For example, staff received an annual appraisal of their work performance which covered their achievements in relation to supporting people and developing the service. Appraisal reports included information on the specific support the staff member had given to people and the new skills the person had learnt.

Training records confirmed that staff had received training in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were able to explain how this legislation applied to people who may lack mental capacity. It was clear from

people’s records that they had been actively involved in making decisions about the delivery of their care and support. Staff told us they always checked with people how they wanted to be supported and obtained their consent. We observed that staff asked people about what support they wanted during the inspection. For example, a member of staff said to a person, “Are you ready for me to help you tidy your room now?”

Some people in the service from time to time behaved in a way that challenged the service. Care records included appropriate positive behaviour management guidelines in relation to this. These had been developed with input from health specialists from the Community Mental Health Team (CMHT). Staff said they felt confident in terms of dealing with challenging situations. Daily records confirmed that staff followed these behaviour management guidelines effectively. For example, staff had recorded how they had followed such guidance and supported a person to become less distressed.

People told us they enjoyed the food they ate at the service. A person said, “I am happy with the food – its what I like.” Notes of meetings confirmed that people were consulted by staff and involved in planning menus. Care records showed that people’s individual needs and preferences in relation to eating a healthy balanced diet had been assessed. For example, the service had supported a person who wanted to lose weight to follow the advice of their GP on the type of food they ate. We observed people having lunch. People said they were enjoying the meal. A health professional commented that the food at the service was good and people enjoyed it.

Care records demonstrated that people’s day to day health needs were met. People’s mental health needs were met by the service in liaison with the community mental health team (CMHT). Staff had ensured people attended meetings and health appointments with the CMHT. Care records also included evidence that people were supported to have regular check-ups at the dentist and optician. People told us staff supported them to see their GP when they felt unwell. Records showed that staff monitored people’s health and well-being and took action when necessary to ensure people received appropriate healthcare. A health professional told us the service communicated well with the CMHT.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. A person said, “I get along with the staff they are nice.” A health professional who was responsible for monitoring the wellbeing of people at the service told us the staff team knew people well and they had observed them to be consistently patient and kind. They said staff understood people’s communication needs and took the time to talk with them appropriately. During the inspection we saw that staff interacted with people in a warm and friendly way. At the staff handover between shifts staff spoke appropriately about each person’s needs and how they were in terms of their mental and general health.

Staff we spoke with explained how they respected people’s privacy and confidentiality. For example, they told us they ensured people received their personal care in private and had conversations about people’s needs in the staff office where they could not be overheard. People confirmed that the staff treated them respectfully and knocked before entering their room.

People’s background history and individual preferences were well understood by staff. For example, a member of staff was able to explain how a person liked to receive their support and how they worked with them to ensure they received assistance in the way they wished. People in the service had a key member of staff who was responsible for

ensuring their well-being and progress. Records of key worker meetings showed that people were asked about any concerns they had and plans made so that any anxieties they had could be reduced.

The provider had taken steps to ensure people were treated with kindness and compassion. For example, during quality monitoring visits people were asked about their relationships with staff. People asked to fill in questionnaires regularly in relation to how staff communicated with them.

People reported that staff were kind and helpful.

People told us they were fully involved in developing their support. Care records demonstrated that people had been asked for their views on how they should be supported. Their views were recorded and acted on. For example, people were supported by staff to attend their care programme approach meetings with the community mental health team (CMHT). Records of these meetings demonstrated that people had been supported by staff from the service to express their views about their health treatment.

People told us they were able to keep in touch with people who were important to them and that staff supported them with this, for example by supporting them to make travel arrangements.

# Is the service responsive?

## Our findings

People said the service was responsive. A person told us, “If I have any problems they [the staff] are on to it straight away.” Care records included an assessment of the person’s health needs, their background and social relationships and their preferences in terms of their diet and daily routine.

People told us they participated in regular meetings with staff to discuss and plan their care and support. Each person had a care plan which set out the support they received. These covered how the person was supported to keep healthy, follow their interests and develop their independent living skills. Daily records confirmed that people had received their support as planned. For example, a person had been supported to participate in leisure activities of their choice and attend appointments with health professionals. Care records included regular reviews of people’s needs and their support plans to ensure they were accurate and up to date.

People were supported to follow their interests and try new things. For example, care records demonstrated that a person had gone to the gym in accordance with their wishes. Staff told us the service had recently started a ‘disco’ night for people to try. Records had been made about each person’s views on this and whether it should be repeated. People had reported they liked this activity and staff told us another event was due to be arranged.

People were encouraged to be as independent as possible. For example, care records included information on the support they received to develop their skills in relation to areas such as managing their laundry.

There was a complaints process in place. People told us they knew how to make a complaint. No recent formal complaints had been made. We saw evidence that the provider took people’s concerns seriously. For example, a person had told the provider during a quality audit that they would like an alteration to the menu. The provider had ensured this was followed up by staff with the person and they were given the option of making a complaint if they wished.



# Is the service well-led?

## Our findings

People told us they thought the service was well-led. A person told us, “Yes I would say it was well-run and I am asked what I think about it.” The service has a registered manager who has been in post for several years. Staff told us that the registered manager was open and approachable and provided direct support to people when he was on duty. They said he promoted effective team work and acted as a role-model in terms of the way he interacted to people. Notes of team meetings showed staff were asked for their views on how to improve the service.

Staff said they were clear about the values of the organisation and what was expected of them in terms of how they behaved towards people. They were able to give examples of how the diverse needs of people in the service were met in relation to the delivery of their support.

A health professional told us the manager had communication with the service was good. They said the service reported any incidents promptly and there was open discussion about what had occurred. The service had notified CQC appropriately of incidents that may have affected people’s safety. There was evidence in people’s care records that staff had analysed incidents and taken appropriate action in response.

People were asked what they thought of the service. We saw questionnaires that people had completed in June 2014. Their responses showed that people were happy with their support. For example a person had said “I am very happy with my key worker, we have a great relationship.”

Staff told us the registered manager and the provider were rigorous in their approach to checking the quality of the service. They said the provider made a monthly unannounced visit to the service when she spoke to people, checked records and spoke to staff. They told us how the cleaning arrangements at the service had been recently improved as a result of this quality checking process.

We saw two recent audit reports written by the provider following visits to the service. These were detailed and recorded exactly what people had said about the quality of their support. Recommendations for follow up were clearly set out and included information on the steps staff should take in relation to responding to people’s concerns.

The reports also detailed what records had been checked and whether they were up to date. For example, the September 2014 stated the provider had seen, “discussion book, medication file, incident and accident file, rehabilitation cooking file, safer food better business file, complaint file, staff meeting file”. It was noted in the report, “all the documents were up to date”.