Crown Home Care Limited

Crown Home Care Ltd

Inspection report

Kenward House
High Street, Hartley Wintney
Hook
Hampshire
RG27 8NY

Tel: 01252844923
Website: www.crown-homecare.com

Date of inspection visit:
09 January 2017

Date of publication:
28 February 2017

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

We carried out an announced inspection of the service on 9 January 2017. Crown Home Care Limited provides support and personal care for people in their own homes. At the time of the inspection the service was providing personal care to 63 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe using the service. There were processes in place to keep people safe and minimise any risks that may arise in the course of delivering care to them. This included the completion of risk assessments and checks on staff. Staff demonstrated an in-depth understanding of what may constitute signs of abuse and knew how to report such concerns.

Medicines were administered by appropriately trained staff who were aware of the potential risks involved in medicine management. Staff had received training to administer medicines safely, which included checks on their competences. Staff recorded each dosage of medicines and times of their administration by signing a medicine administration record (MAR) sheet. MAR sheets were checked by care workers during their visits and by senior staff during spot checks for any gaps or errors. Completed MARs were returned to the office every month for auditing.

The number of staff met people's assessed needs. Staff were employed following robust recruitment procedures. Pre-recruitment checks had been carried out to ensure new staff were suitable to support people in their own homes and maintain people's safety.

Each staff member had received induction and training to enable them to meet people's needs effectively. Staff were knowledgeable about their roles and responsibilities. Staff were trained and had the skills and knowledge to meet people's varying support needs.

Staff were provided with supervision meetings regularly and they felt supported by the management to perform their roles.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions were made for people. Staff ensured people were given choices about their support needs and day-to-day life. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards.

Some people needed support with eating and drinking. The kind of support varied, depending on people's health status, their needs and preferences. Appropriate professional advice was sought where necessary to

ensure people's health needs were supported.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed and people and their relatives were involved in the reviews. People were encouraged to take part in activities that were important to them.

The registered provider had a compliments and complaints policy and a relevant procedure following the policy. Each person was given a copy of the complaints procedure. People told us that complaints were responded to and resolved. Staff assured us they knew how to complain and that they were confident any complaints would be listened to and acted on.

People, relatives and staff spoke highly of the registered manager; they found them approachable and supportive. The registered manager understood their responsibilities and ensured staff felt able to contribute to the development of the service. People who used the service were encouraged to provide their feedback on how the service could be improved. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support 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.

People were supported by staff who could recognize the signs of abuse and knew the procedure for reporting concerns.

People's risks associated with their care were managed to help ensure people's freedom was supported and maintained.

People were supported with their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had completed training to enable them to provide people with care effectively. Staff were supervised and felt well supported by the whole team and the registered manager.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People who use the service and their relatives said the staff were caring and treated them with dignity and respect.

People were involved in creating and reviewing their care plans.

Is the service responsive?

Good

The service was responsive.

People's care was assessed prior to care being delivered by the

service. Care plans were personalised, up-to-date and included specific information about people's backgrounds, events and persons important to people.

If people's needs changed, the service liaised with external care professionals to ensure people's needs were fully met, incorporating obtained advice into care planning.

People and their relatives were aware of the complaints procedure and were able to raise their concerns with the management and staff.

Is the service well-led?

Good

The service was well-led.

Staff and people spoke highly of the registered manager and the way she ran the home.

There was an open culture at the service. The management team were approachable and constantly present at the service.

The quality of the service was monitored and there were systems in place to make necessary improvements.

Crown Home Care Ltd

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.

The service had last been inspected in February 2014. The service was meeting the regulations at that time.

This inspection took place on 9 January 2017 and was announced. As the location provides a domiciliary care service, the provider was given 48 hours' notice. We needed to make sure that representatives of staff, management and people would be available to talk to us. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners (those who fund the care for some people) of the service and asked them for their views.

During our inspection we visited the provider's main office location and talked to the registered manager. After the visit, we spoke with eight people, four relatives and seven care staff members. We looked at records relating to the management of the service, including care plans for five people, five staff files with recruitment records, policies and procedures, a complaints log, a training matrix, quality assurance audits and accident/incident records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff supporting people. One person said, "I feel safe with them. I'm satisfied with the way they treat me". Another person admitted, "I feel completely safe with carers being at my property". One person's relative told us, "My [relative] is safe with agency staff".

Staff were aware of their roles and responsibilities in relation to protecting people from harm. A member of staff told us, "I check and read care plans, do daily checks on health and safety of equipment and the environment. I also watch for things such as food and water temperatures. I also check if the medication is in safe place, and kept in original packages". Staff gave us examples of types of harm and what action they would take in protecting and reporting such incidents. Staff were also aware of the whistle-blowing policy and said that they would have no reservations in reporting any incidents of poor care practice, if needed. A member of staff said, "I have to report a situation of abuse to my supervisor". Another member of staff told us, "I would record and report everything to my manager. If they did nothing about it I would report things to the local safeguarding team".

People confirmed staff were reliable and came to visit them regularly and punctually. People knew the times of staff's visits and were kept informed of any changes. We checked the electronic records and there had been three missed calls since our last inspection. We looked at the logs of visits and this confirmed that the missed calls had resulted from miscommunication between staff and the office. The provider addressed the issue by introducing different means of communication. For example, a staff portal was created where staff could check their rota and read securely about things related to their work. We asked staff if there were enough of them to meet people's needs and staff confirmed the staffing levels were appropriate.

Detailed assessments of risks to people's safety were conducted. The assessments had been prepared for each person in relation to their behaviour and care needs, including personal care, nutrition, medication, skin care and mobility. Each risk assessment had been regularly reviewed to ensure the support plans were appropriate to each person's individual needs. Staff told us how risks would be correctly managed. Relevant information was available, and staff had the ability to recognise when people felt unsafe. For example, when staff had to support some people with a specific condition, care plans were available for staff so that they were clear about how the person needed to be supported.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

We reviewed the incident and accident log and noted that all incidents had been appropriately documented. The registered manager reviewed the logs to identify any regular patterns of incidents or accidents. As a result, the risk of a recurrence of an incident would significantly be reduced. For example,

when the number of a person's incidents had increased, the registered manager had contacted the person, their relatives and other health care professionals. The person's case had been re-assessed by their GP and the person's medicines were replaced by new ones. As a result, the risk of harm caused by the person's behaviour was reduced.

There were guidelines for staff regarding administration of medicines. Care plans detailed the level of support required and stated whether the person or their family would be responsible for the administration of people's medicines. The samples of medicine administration records (MAR) we looked at had been completed accurately by staff where required. Staff noted in people's records that medicines had been given and signed a MAR sheet to confirm this. Completed MARs were returned to the office every month for auditing. Any changes in medicine administration were recorded and reviewed by a member of the management team. Staff told us that they had attended annual training in administering medicines and that the registered manager carried out regular competency checks monitoring their practice. Staff training records showed that satisfactory competency checks had been made.

Good

Is the service effective?

Our findings

People said that staff were able to meet their needs and made positive comments about how staff looked after them. One person told us, "They seem to be well trained and they are very patient". Another person said, "Their staff are very well trained. I found them very helpful".

All staff had received an induction when they had first started working for the service. All staff had completed the company induction, including the care certificate. The care certificate is a set of standards that health and social care workers complete to make sure that all staff has the same introductory skills, knowledge, and behaviours to provide care and support. Sometimes staff needed to work with people they had not met before. In such instances, staff members were provided with a short induction focused on the individual needs of that person. One person told us, "I'm always introduced to the new staff before they start. A carer brings the new carer in, introduces them to me and tells them how to work".

The provider had systems in place to ensure staff received appropriate training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills necessary to understand and meet the needs of the people they supported and cared for. Training was up-to-date and records showed that staff had also received additional training specific to the needs of the people they supported. It included moving and handling equipment, dementia, diabetes and end of life care training. Staff told us they were provided with good opportunities to develop their knowledge. A member of staff said, "We are provided with good training opportunities. This is important to us to know how to do our job effectively".

Staff told us they felt supported in their role. This was mainly achieved through regular supervisions from their team supervisors. Each supervision was an opportunity to discuss any problems or doubts staff members faced at work and concerns about the people they looked after. We saw copies of supervision notes and they covered discussions about the well-being of people using the service, performance issues, training and time keeping. Staff were also appraised annually by the registered manager. A member of staff told us, "I find supervision and appraisal meetings very useful. I can talk about any concerns I have and to make sure that I am up to date with all my courses and provider's policies". Staff could always contact the manager for guidance or advice.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff were knowledgeable about the Mental Capacity Act 2005 and understood the need to assess people's capacity to make decisions. The members of staff we spoke with were able to

give examples of how they asked for permission before doing anything for or with a person while providing care. A member of staff told us, "When meeting a client, you must assume they have capacity unless all steps to help have been unsuccessful. When making decisions, they must be in the client's best interest and they must be involved". Consent to care and treatment was considered by the service while planning individuals' care and support.

People were supported to eat sufficient amounts of food, drink enough fluids, and maintain a balanced and healthy diet. The support varied depending on people's individual choices and circumstances. For example, some people needed assistance with food due to their conditions, whilst others had to avoid certain types of food. Such requirements were always followed and people were provided with food and drinks according to their dietary needs. People at risk of malnutrition were encouraged to eat and drink and their weight was checked on regular basis. We saw evidence that some people known to be prone to malnutrition had gained weight and their general condition had improved.

The service supported people to access services from a variety of healthcare professionals, including GPs, dieticians, occupational therapists, a Speech and Language Therapist (SALT) and district nurses to provide additional support when required. Care records demonstrated staff shared information with professionals effectively and confidentially, and the professionals were involved appropriately.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind, caring and polite. One person said, "I'm very satisfied with the way they treat me." Another person complimented staff, "They are really good and extremely pleasant". One person's relative told us, "I'm very happy with the service they provide to my mother".

People told us they were involved in making decisions about their care, that they felt listened to and that their decisions were respected. We saw from the care records that when people had started using the service, they had been involved in the initial assessment of the care they required. One person told us, "I'm involved in my care plans and their reviews. They talk to me about any changes". Another person said, "I know what the care plan is. It's about my needs and how to meet them. I was involved in my care plan". All the care plans we looked at had been signed either by the person or their relatives where appropriate.

Staff were aware that all people who use the service should be treated with respect and dignity. They were also aware of the importance of protecting people's privacy. Staff said they always remembered to ensure people were not exposed while providing them with personal care. For example, staff drew the curtains or closed the doors if needed.

Staff respected people's wishes and provided care and support in line with those expectations. People told us staff always checked if people needed more help before they left. Before leaving the homes of people with limited mobility, staff ensured people had everything they needed within their reach. For example, people could easily access drinks and snacks, telephones and alarms to call for assistance in an emergency.

Independence was promoted by supporting people to do things for themselves and participate in daily living tasks like cooking or dressing themselves. This helped to develop people's independence and self-esteem. A member of staff told us, "I promote my clients independence and I encourage them to do things for themselves as long as it is safe". Another member of staff told us, "To promote independence when washing and dressing, I let the client do as much as they are able to do. Also, if they like to do the dishes, we do them together. When out shopping, I let the client pick all the shopping and then let them push the trolley if they are able to do it".

People and relatives told us people were regularly visited by the same staff members. This meant that people were able to develop relationships with staff that cared for them which ensured the continuity and consistency of care. One person's relative told us, "The number of carers they have introduced to my parents is actually very few, enabling my parents to recognise their carers and form good relationships with them, so they actually enjoy the companionship offered".

When a staff member was unable to work, a replacement carer who had worked with a particular person before was sent to provide care and assistance. It helped people to receive continuous care from the staff with whom they had built a good relationship before and who knew their needs and preferences.

Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew

they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The registered manager had high regards for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely at all times.

Good

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. One person told us, "I have been very pleased with all aspects of this service. They know me and they know my needs". Another person said, "They are familiar with my needs, they know I like early calls". One of the relatives told us, "They have always been very reasonable accommodating my requests, for extra care, changes to rotas, overnight care and live in care, often with little notice". People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs.

Assessments of people's needs had been carried out before people began using the service. It ensured that the staff would be able to deliver care that met people's needs. People's preferences were recorded so that staff would know about them. This included people's preferred names, and also their life stories. The service liaised with a dementia specialist in order to assess people and create individualised care files and risk assessments. The dementia specialist told us, "I initially pay a visit to get to know the client, their carers and any family members or friends who might be involved. The information gained from life history is important as carers change and it means there is a life history available for new carers to read to get a comprehensive view of their client and to give them something to talk to their client about". The needs and preferences of people were taken into account while formulating care plans and outlining the care which was to be provided at each visit.

People and relatives told us that the provider responded quickly to any changes in a person's health and would contact other health professionals when needed. We could see relevant evidence in the care records where care routines and tasks had been altered. The purpose of the changes was to tailor the care provided by the service to what the person wanted, and therefore make it even more individualised. The registered manager told us and records confirmed that all people had planned reviews of their care every six months or when their needs changed. People informed us that they were always consulted and voiced their opinions while making any decisions about the support they received. These opinions were always taken into account. One person told us, "I'm always involved in my care reviews and I have my say".

Staff told us that the service was committed to a person-centred philosophy of service delivery. It meant that people's rights were promoted and meaningful activities facilitated to them. In addition, people's abilities, preferences and aspirations were recognized by staff. The dementia specialist told us, "I have compiled a list of dementia friendly activities and contacts for carers and families to use and make suggestions for activities that the carers can do with their clients". People were supported to take part in activities within and outside their home. This included staff accompanying people to the local amenities, for example, to go out for a coffee or shopping. One person told us, "They know my needs and they always help me with my exercises". Another person said, "They know everything about me. They know when and where I like to go and what I like to do in my free time". One person's relative told us, "In times of illness carers have gone over and above what has been needed, and given freely their extra time, showing true concern and compassion for my parents".

People and relatives were aware of how to make a complaint. Each person had been given relevant documentation when they had commenced using the service. This included the complaints policy and procedure. People told us they felt able to raise any concerns and were sure these would be quickly responded to; however, they had not needed to raise any concerns so far. One person told us, "I haven't complained but I know how to complain. This is in the file they gave us".

Good

Is the service well-led?

Our findings

There was a clear company structure with well-defined areas of responsibility. In addition to the staff responsible for the provision of care, there was support in the form of a deputy manager, and a care coordinator. The clearly defined areas of responsibility enabled good communication and discussion with people who use the service, staff and third party agencies.

People knew the registered manager well and were confident to report any issue to them. One of the relatives said, "[The registered manager] is easy to get hold of and all the staff are friendly". People told us they had trust in staff and management and they considered the service to be friendly and homely. One person said, "I think [the registered manager] is the most caring person in the business. She cares for me as well as about my husband". There was an open culture at the service. Staff told us they would not hesitate to raise concerns and felt that any concerns would be dealt with appropriately. Staff considered the service to be well-managed.

Staff took pride in working for the provider. They told us that they were a very good company to work for and had a good reputation. They found the registered manager and provider very supportive in their work and also to them as individuals. A member of staff told us, "I think that we all benefit from having the management and leadership service, there is always someone I can go to if I have any concerns about my clients, my colleagues or myself."

We found people were encouraged to participate in a satisfaction survey so they could make comments about the quality of the service provision. The registered manager told us that the purpose of the survey was to obtain information which would be analysed and form part of the organisation's future business development plans. One person said, "I receive forms from them if I'm happy. And yes, I am". We saw the results of the last survey were very positive and people praised the service provided to them.

We found regular audits were completed by the service. These included medication, record keeping, training, and people nutritional needs. Any issues identified through audits were quickly acted upon and the experience gained was used to improve the service. For example, we saw that some members of staff were retrained in administration of medicines after errors had been found during a medication audit.

The registered manager ensured staff meetings were undertaken on a regular basis to provide forums for staff to discuss their personal development needs and any issues relating to service provision. The process also encouraged staff to highlight good practice and discuss areas in which improvements could be made. For example, at one of the meetings staff had discussed issues related to the administration of medicines. A member of staff told us, "Each client is different, and I think it is important and useful to hear experiences or problems of other carers. We have the opportunity to ask our leaders how to act in certain situations, how to react, how to manage issues. I think the meetings are useful for all caregivers".

The registered manager demonstrated a good understanding and awareness of their role and

responsibilities, particularly in regard to the CQC registration requirements. The registered manager adhered to their legal obligation to notify us about important events that affect the people using the service, for example, serious injuries, incidents involving the police, applications to deprive someone of their liberty and allegations of abuse. It was evident from the CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.