

Crown Senior Care Limited

Crown Senior Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Crown Senior Care provides personal care and support to people living in their own homes in and around the London Borough of Hounslow and Surrey. The service is the only location of a private company which was registered with CQC in 2018. At the time of our inspection, eight older adults were using the service.

People's experience of using this service:

- People using the service, and their representatives, were happy with the care and support they received. They found the registered manager and care givers kind, polite and professional. They had developed good relationships with these staff. Their needs were being met in a personalised way and they were involved in planning their care and making decisions about this.
- Relatives felt confident that people were being cared for safely and in a personalised way. They told us how the agency had provided peace of mind and one relative commented, "They are amazing, and it is getting easier to have some time for myself, now I have found an agency I trust."
- The staff were well supported, trained and had the information they needed to care for people in a safe way. The registered manager provided care to people and also worked alongside the other care givers to assess their work and make sure they were meeting people's needs. There were regular individual and team meetings to discuss the service and make sure there was a consistent approach.
- People were being cared for in a safe way. They received their medicines as prescribed and staff understood how to handle medicines appropriately. The risks to people's safety and wellbeing had been assessed and planned for. People were supported to take risks but were also protected from harm because the staff followed clear guidance to support people safely. There were procedures designed to safeguard people from abuse. The staff received training and information about these and discussed these subjects during team meetings.
- The agency worked closely with families and external professionals to make sure people's healthcare needs were met and they responded to accidents and other changes in people's needs. People received the support they needed with mealtimes and the care givers monitored people's food and fluid intake where needed. The agency worked closely with other care providers where they jointly cared for people, to make sure they shared information and guidance.
- There were a range of policies and procedures which were shared with stakeholders. There were procedures for dealing with concerns, complaints, accidents and incidents; as well as systems for monitoring and improving the quality of the service. The registered manager asked people using the service, care givers and other representatives for feedback about the service and made changes to reflect this

feedback.

Rating at last inspection: This was the first inspection of the service since it was registered with CQC on the 9 May 2018.

Why we inspected: We inspected the service as part of our planned programme of inspections based on the date of registration.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information regarding the safety and quality of the care being provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Crown Senior Care

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection visit was carried out by an inspector. Before the visit to the agency's office, we contacted people who used the service, their representatives and staff for feedback. Telephone calls to people using the service and their representatives were made by 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.

Service and service type:

This service provides domiciliary care to people living in their own homes in the community. It provides personal care to older adults, some of whom were living with dementia. At the time of our inspection there were eight people using the service. They lived in the London Borough of Hounslow and Surrey, within a close geographical area and all within 15 minutes travel by car from the agency's office.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We looked at all the information we held about the service, including information they had provided us with during their registration. We spoke with the relatives of six people who used the service and one care giver over the telephone.

We met the registered manager during our visit to the agency office and we looked at the care records for three people using the service, four staff recruitment and training files and other records the provider used to manage the service, which included information about medicines, quality monitoring, complaints and meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The relatives of people who used the agency told us they felt people were safely cared for. One relative commended, "All the carers are introduced to us before they start caring and it is all explained what they are going to do. If there are any problems, you can ring them."
- The provider had procedures for safeguarding adults and whistle blowing. The staff received training in these. The registered manager also discussed these at each team meeting. There had not been any safeguarding alerts or referrals at the service.

Assessing risk, safety monitoring and management

- The registered manager had assessed the risks to people's safety and wellbeing along with the person and their representatives. These assessments were appropriately detailed and included information about identified hazards and the action care givers needed to take to reduce risks. The assessments included risks associated with people's mental and physical health, falling, nutrition, medicines and their home environment. A feature of all assessments and plans was encouraging people to be as independent as they were able and wanted to be. For example, risk assessments highlighted how people should stay safe but also reminded the staff to provide, "reassurance and encouragement" and that "[Person] would like to stay as independent as possible." The relatives confirmed that people were supported to maintain their independence whilst staying safe.

Staffing and recruitment

- There were enough staff employed to keep people safe and meet their needs. The registered manager provided care to people using the service and worked alongside the other staff, called care givers. People using the service lived within a small geographical area and the staff were able to travel between people's homes easily. The relatives of people told us that care givers arrived on time and stayed for the agreed length of time. All of the relatives knew the registered manager and told us that care givers were introduced to them and the person receiving care. They had the same familiar workers caring for them.
- The agency had systems to ensure that only suitable staff were recruited. The registered manager carried out interviews and asked the staff to complete documents which outlined their skills and attitudes. The agency requested checks on their suitability, such as references from previous employers, checks on their identity and eligibility to work in the United Kingdom and information about any criminal records from the Disclosure and Barring Service. The staff also completed an application form detailing their employment history and any gaps in this. The staff completed an induction and their competency was checked as part of this to make sure they displayed the right attitudes and were able to carry out their duties.

Using medicines safely

- The relatives of people who received support with their medicines told us they were happy with this support. One relative commented, "They help with [person's] medication it is always taken and recorded and any problems they let me know."
- People received their medicines in a safe way and as prescribed. Information about people's medicines was clearly recorded, along with details about any risks associated with these. The staff received training in safe management of medicines. We saw that the registered manager had assessed their skills, knowledge and competencies regarding medicines. The staff recorded when medicines were administered. These records were checked regularly by the registered manager and audited each month. Any discrepancies were discussed with the staff concerned and at team meetings so that the whole team could learn together and make improvements when needed. For example, the registered manager had discussed that correction fluid should not be used to change information on the administration records.
- When people had been prescribed medicated creams, there were details about the application of these, including charts showing the staff where the creams should be applied. The registered manager had organised specific training around the application of creams and skin care.

Preventing and controlling infection

- The relatives of people told us that care givers washed their hands and used gloves and aprons when providing care.
- The agency supplied the staff with protective equipment and clothing. These were available at people's homes and also given to the staff. The staff had all undertaken training about infection control and prevention.

Learning lessons when things go wrong

- The agency had systems for recording and responding to accidents, incidents and complaints. There had not been any complaints, but we saw records of two accidents. These showed that the staff had responded appropriately to these. In addition, there had been learning for the whole staff team following these to help reduce the likelihood of further accidents.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people and their representatives before they started using the service. They assessed their needs and preferences and worked together to develop a care plan which reflected these. The agency provided care which relatives explained met people's needs and when these needs changed, the agency had reassessed these and updated care plans.

Staff support: induction, training, skills and experience

- The relatives of people using the service told us that they thought the staff were well trained and skilled. One relative told us, "The manager introduces new staff and they shadow her until she is sure of what they can do." And another relative commented, "They all seem to be very well trained."
- The staff had the support, induction, training and skills they needed to provide effective care and support. All of the staff undertook an induction with the registered manager. This was personalised to meet their learning styles and build on their existing knowledge. The training was provided on an individual basis and was continually assessed by the registered manager. The staff also completed computerised training courses in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.
- The registered manager told us that additional training courses were organised to meet people's specific needs. For example, one person using the service used hearing aids. The registered manager had developed a training package for the staff to understand about these and how to use them. The registered manager was a qualified trainer.
- The staff were issued with a handbook and also discussed aspects of the service with the registered manager during their induction, team and individual meetings. They had access to an on-line portal which contained the policies and procedures. There were regular meetings, and these were used to remind staff about specific procedures and also to discuss the service and people's needs. The staff met with their manager individually to discuss their own development.
- The registered manager regularly worked alongside the staff and observed their practice. They also carried out unannounced 'spot checks' to assess their skills and knowledge.

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

- Some people were assisted with the preparation of meals and to eat and drink. Their relatives said they were happy with this support. People's care plans detailed their preferences, likes and dislikes around food

and any nutritional risks.

- The care givers helped to monitor and record one person's food and fluid intake. They kept records which were up to date and gave an accurate reflection of how much the person had consumed. These were shared with healthcare professionals and the person's family as part of monitoring their care and wellbeing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were recorded in their care plans. The records included details about any risks associated with these or care needed to help keep people well and safe. The care givers recorded changes in people's health and wellbeing and reported these to the registered manager and families, when needed. There were records of accidents and incidents and we saw the care givers had responded appropriately when a person had fallen to make sure they were medically assessed and received the care they needed. One relative described this incident where the person using the service had fallen. They explained that the care giver responded appropriately, requesting an ambulance and staying with the person to make sure they were alright.

- The agency worked closely with other healthcare professionals when needed to ensure people received holistic care. For example, they had contact numbers for GPs and other professionals. The registered manager was arranging a joint visit with a social care professional on the day of our inspection to assess one person's needs. The agency worked alongside other care agencies to provide joint care packages to some people. They had good systems for communicating, and the registered manager shared an idea for improving records with another agency during the inspection visit.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that they were. The registered manager had assessed people's capacity to make decisions about their care. Where people were able to consent, they had signed agreement to their care plans. For people who lacked the mental capacity to make these decisions, the registered manager had worked with families and people's legal representatives to make sure decisions were made in people's best interests.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The relatives of people using the service told us the care givers were kind, compassionate and respectful. Some of their comments included, "Everything [the care giver] does is for [person's] comfort and wellbeing", "They engage with [person], talking about what [person] is watching or helping with [their] jigsaws and talking about this", "There are good, positive, very caring interactions and if [person] wants to chat, they sit and listen. They think of things [person] might like. They look for things that please [person] and brighten [their] day", "They are very thoughtful towards [person] and me. If I was washing up they would wipe up for me, they always spend time having a chat with me, they became friends they are there for us and I have come to rely on them, they are reassuring."

- The staff received training about providing person centred care, respecting people and equality and diversity. The registered manager explained that this was an essential part of how the agency worked and they would only select and retain staff who they felt shared this ethos. One relative confirmed this, telling us, "She is very picky and wants to make sure she has the right staff, this is more important than having lots of staff."

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

- People had opportunities to be involved with planning their care and making decisions about this. The relatives of people using the service confirmed this. The agency also involved the families. One relative told us, "Each step of the way if [person's] care needs change, we have a sit-down conference and agree and then it is written in the care plan." Another relative said, "The care givers do this in a very gentle way, offering choices and making sure they ask [person] before they do anything."

- People's choices were respected. Some of the comments from their relatives included, "I have cared for [person] for a long time and we have system that we like, and this is respected by the agency even though it is slightly more time consuming for them", "They don't force [person] they work with [them]" and "They come up with a solution to get things done the way [person] wants."

- People received care which was personalised and centred around each individual and how they wished to be cared for. One relative told us, "The care is very person centred and this is the difference between Crown and the [other agencies I have used]. There is a difference between giving the care and giving it in a way that doesn't cause stress."

- People's involvement was evident in the care plans we saw and the way in which the staff had recorded the care provided. There was an emphasis on offering people choices and making sure information was

presented in a way which enabled this and made sure people felt comfortable. One relative told us, "They are friendly, there is very good interaction with [person], visibly aiming to do things [person] enjoys, and they listen to [them]."

Respecting and promoting people's privacy, dignity and independence

- The relatives we spoke with told us that people's privacy and dignity was respected. One relative commented, "They always make sure [person] is covered." Relatives also told us the care givers supported people to be independent. Their comments included, "[Care giver] encourages [person] to do things for [themselves]", "[Person] is encouraged to do as much as [they] can", "They keep up the sense of [person] doing things and help [them] to do things like washing [their] face" and "They try and encourage [person] to do things [they] like – they did a baking session with [person]."
- The care plans we viewed included information about people's identity, culture and past lives so that the staff knew how they wished to be cared for and what was important to them. The staff team spoke seven different languages between them and the registered manager said that they hoped they would be able to meet the needs of people who did not speak English as a first language in the future, although all of the people using the service had British heritage at the time of our inspection. Care plans included information about skills and abilities people had and how they would like to stay independent.
- The registered manager had encouraged families to provide photographs and information about people's lives. They told us that the staff needed to read this information before they were allowed to care for anyone so that they had things they could talk about which interested the person and were important to them.
- The registered manager and care givers recognised that some people found receiving care challenging. Some people had bad experiences with other care agencies. The registered manager told us they worked hard to help alleviate people's anxieties by making sure people and their families felt involved and supported. One relative told us, "[Person] is aware of [their] memory loss; her care giver doesn't ignore it she acknowledges it and does her best to reassure [person] and diffuse situations that are causing anxiety by the use of distractions."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care which was personalised and met their needs. People had individual care plans which included information about the tasks the carers should perform at each visit. In addition, there was in-depth information which included people's preferences and things which were important to them. In one case the registered manager and family had developed a detailed plan for someone who was sometimes anxious and confused. The plan included ways in which the care givers should respond to specific worries or questions from the person to reassure them and provide a consistent message from both the family and agency staff.

- Care plans included guides for staff to, "be patient and take your time to encourage [person] to do things for themselves" and to "please prepare [person's] meal, if [person] is around ask [them] to get involved too." This demonstrated an approach which was designed around ensuring the person felt at ease and was enabled. The logs of care provided showed that the care givers adopted this approach, commenting on people's wellbeing, showing that they had spent time meeting social and emotional needs and promoting independence.

- There were examples where the agency staff had provided care or support which showed a holistic approach, and which went beyond the planned care. For example, the registered manager told us that they had been contacted by one person when their transport to a hospital appointment had been delayed. They had picked up the person and their family member and taken them to the appointment. The relatives of people confirmed this additional care and support with comments which included, "They do everything agreed and more, [person] is content and has a laugh with the manager", "I have been able to give the manager a lot of information [about person's life and preferences] and she is very open to receiving this and using it", "The care givers support [person] to do the activities [they] enjoy. Person cannot manage the DVD player, so the care givers do that, they play games with [person] too", "I told the manager that we will be away for a few weeks and they agreed to arrange extra visits to keep an eye on [person] and if [they] need the doctor with our permission, she will arrange that" and "The care givers chat about things in [person's] photos."

- The agency was responsive to changes in people's needs and wishes. One person's care plan had been updated since they started using the service because of changes in their needs. The relative of this person explained, "They have been responsive when [person's] needs increased they redid the care plan. The manager had another discussion with us and we planned this."

- The registered manager told us they were looking at ways to offer additional services to combat loneliness and social isolation. They were in the process of organising a coffee morning at a local garden centre along

with another care provider for the people using their services. The registered manager told us this was inspired by one person's love of flowers and how they wanted to offer them something in addition to care visits which would reflect this interest.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and that these would be taken seriously. They were provided with a guide which included the complaints procedure. There had not been any concerns or complaints at the service. The registered manager told us they spoke with people using the service and their relatives at least twice a week and therefore any changes they wanted could be discussed and made as needed.
- The comments from relatives included, "The manager works with us and we iron out any problems together and come up with solutions. We are a team, and the communication is brilliant. We are really well supported", "The manager contacts us to share daily updates and we leave messages for each other", "They listen and always have time for us", "If I have any concerns I can talk to the manager or text her" and "The manager would always take concerns seriously and act on them."

End of life care and support

- At the time of our inspection, no one was receiving care at the end of their lives. However, the staff had received training about caring for people at this time. They worked closely with families and healthcare professionals to make sure people received the right support when they needed this.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The relatives of people using the service felt the service was well managed and they had good experiences of using the agency. Some of their comments included, "It is not just a good service; it's an excellent service and they do everything well", "I think it has excellent person-centred care, they provide the care that best suits the person they care for they treat them with dignity care and concern leaving them happy and contented", "It is a very good service overall, they preserve the person's dignity and independence you feel reassured that the person they care for is very safe" and "I think what comes through they are caring in a nice friendly way and [person] has never been embarrassed, they do everything in a way that doesn't bother [person]. The staff take their lead from their manager."

- The registered manager was also the owner of the agency. They had experience working for other providers and told us they wanted to set up their own business. They had a management in care qualification and were qualified as a trainer for other staff. They told us they wanted to keep the agency fairly small, so they could continue to provide personalised care. They had a very good knowledge of each person's needs and demonstrated affection for them and a passion for their work.

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

- The relatives of people using the service spoke positively about the registered manager. Their comments included, "I know this lady very well and she looked after [two of my relatives] she is confident and inspiring. She is not frightened of getting her hands dirty of getting stuck in", "She is all round brilliant, it is rare that a director and manager of a care company comes around and cares herself, she is amazing" and "She is so tender and caring." The member of staff we spoke with told us, "I get whatever support I need, and she is always available to me. If she gets my message, she replies as soon as she can."

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

- The registered manager spoke with people using the service, their representatives and staff at least twice a week. They also visited people and were involved in delivering their care. The relatives told us that they felt this ensured they were engaged and able to voice their views. They said that these were listened to and they felt changes had been made as a result of their feedback.

- Staff were also engaged and able to contribute their ideas. There were monthly team meetings, and

minutes of these showed the staff were asked for their views. One member of staff told us, "It's flexible, the work is nice and suitable to me she is giving me a help and I help [the registered manager]. I find it easy to talk to her she makes you feel homely. In meetings she gives each one of us time to discuss and give feedback.

- The provider has also received positive feedback through comments and reviews left on a home care review website. These showed that people and their representatives were engaged, and the service was personalised to meet people's needs. Comments included, "[Person's] care is given with engagement, reassurance, humour and time for [person] to process what is being asked of [them]", "There is... communication/discussion with me to adapt approaches and bring about best results in areas of support when required", "I am very happy with the service received, my care givers are very good to me, they treat me with kindness and dignity. They cheer me up every day and also keep me and my house tidy" and "[Care giver] is sincere with her encouragement and a shoulder to cry on when it all gets too much for both of us."

Continuous learning and improving care

- The provider undertook audits of the service, including checks on medicines management, observations and appraisal of the care givers, audits of care logs and discussing the service with all stakeholders. There was evidence they had responded to and acted on feedback and the findings from their own audits.

Working in partnership with others

- The provider worked in partnership with another care agency to provide care to some of the people using the service. They told us they shared ideas and communicated with each other to make sure people received the best care. We saw an example of this during the inspection when we discussed a particular template the agency was using and possible ways this could be improved. The registered manager made the changes and shared this with the other care agency.
- The provider received policies and procedures from an external company who made sure these were in line with, and updated to reflect, best practice and legislation. The registered manager also obtained updates in guidance and best practice from other organisations and shared these with the staff team.