

Crowstone Manor Limited

# Crowstone Manor

## 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: Crowstone Manor provides accommodation for older people, some of whom may live with dementia. The service can accommodate up to 12 people. On the day of our inspection visit 11 people were accommodated as the one double room was used as a single occupancy.

People's experience of using this service:

- People experienced a very individualised service that met their expressed needs in a personalised way. Due to the small scale of this service people were able to make suggestions and express wishes that were quickly met. People were able to lead a lifestyle of their choosing with good access to appropriate healthcare services.
- People and their families were extremely complimentary about the care and kind treatment that was afforded to them. All people and families we spoke to were extremely happy with the care and support they received.
- People at this service were well cared for by dedicated staff.
- People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.
- People's feedback was consistently positive about the care, support and staff. A relative told us, "They are very caring. They communicate well and they do end of life care very well here." Another said, "My relative feels a lot safer here than at home. They especially like having fish and chips every now and again from the chip shop."
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager was very involved with the service and knew everyone extremely well.
- We fed back to the registered manager areas for further development. Medicines could be made even safer by considering a medicine lead person, reviewing the policy and procedures in place as some changes had been made since this was last reviewed and developing medicines audits based upon the revised policy.

Rating at last inspection: We rated Crowstone Manor as good and published our report on 15 July 2016.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Crowstone Manor

## 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:

Membership of the team consisted of one inspector.

Service and service type:

Crowstone Manor is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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:

The inspection was unannounced.

What we did:

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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 spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with three people and three relatives. We spent time observing staff interacting with people, especially at lunchtime. We also used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three staff, the deputy and the registered manager. We looked at documentation relating to three people who used the service and information relating to the management of the service. We reviewed medicine administration records and observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- ☐ There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
- ☐ Medicine management could be improved and the registered manager agreed to take immediate action. The policy and procedures in place required review to match current practice. Audits of current practice would better monitor and potentially develop practice to ensure medicines are consistently safe. Examples seen that could be improved upon were; when hand transcribing changes on the medicines administration record (MAR) these should be dated and signed by the person making the changes. MAR charts should not be signed at a later date as they are not then a correct contemporaneous record as signed for on that date and time.
- ☐ On the day of inspection, we observed that a staff member did not follow the correct policy and procedure when administering medicines. This was brought to the attention of the registered manager who ensured matters were safe for everyone and going forward.
- ☐ Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines. One person told us, "I get my medicine when I need it."

### Preventing and controlling infection

- ☐ We visited the laundry and food store. The laundry was well equipped. We fed back to the registered manager that they should consider using red alginate bags when dealing with soiled laundry to better prevent cross infection. The food store also contained a tumble drier. We fed back to the registered manager that they should consider relocating this to better prevent cross infection. We are confident action will be taken.
- ☐ The service was clean throughout and did not have an odour. A relative who visited very regularly said, "It does not smell and it's always clean."
- ☐ There were cleaning staff employed, they had appropriate equipment and cleaning schedules were in place.
- ☐ There were appropriately placed sluices on each floor that were clean. The kitchen had a food rating of 5\*.

### Systems and processes to safeguard people from the risk of abuse

- ☐ Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- ☐ People consistently told us they felt safe at the service. One person told us, "I feel safe with all the staff." A

relative told us, "I know my relative feels safe here because they know it is their home."

#### Assessing risk, safety monitoring and management

- ☐ Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Well known assessment tools such as MUST (Malnutrition Universal Screening Tool) and Waterlow (A pressure ulcer risk assessment tool) were used.
- ☐ Where people needed equipment to transfer this was provided based upon their assessed needs and staff were seen to follow that assessment. Falls risk assessment tools were used and plans in place for those at risk.

#### Staffing and recruitment

- ☐ All people and staff spoken with said there were sufficient staff on duty. Our observations on the day found sufficient staff available to meet people's needs promptly. People did not wait long to be attended to. One person told us how quickly staff appeared if they rang their bell at any time and wished to demonstrate this for us. Staff did appear promptly.
- ☐ Staff supervised the communal areas at all times. One relative told us, "The advantage of this being a small home is that staff are consistent and rarely do we see agency staff."
- ☐ Rosters clearly showed that sufficient staff were employed and allocated to meet people's needs.
- ☐ The service had a recruitment policy and process in place. Records showed that robust processes were in place to appropriately recruit staff.

#### Learning lessons when things go wrong

- ☐ Management were keen to develop and learn from events. They welcomed any support from external agencies with advice.
- ☐ There was a low incidence of falls and pressure ulcers, but these were monitored and actions taken to address.
- ☐ We were given examples of actions taken when matters did not go according to plan. This included staff retraining and observations of competency.

# 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

Good: ☐ 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

- ☐ People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records. People's diverse needs were recorded and responded to.
- ☐ Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed. Two relatives confirmed they were involved in the assessment process.

Staff support: induction, training, skills and experience

- ☐ Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff said that they had received a good induction that included training and shadow shifts.
- ☐ Staff had received appropriate training to support people using the service and more specialist training in matters such as dementia, end of life and mental capacity. One staff member told us that relatives had joined staff in dementia training at the service.
- ☐ Staff also told us they were supported by the management team and received one to one sessions to discuss any work-related issues. Staff welcomed team meetings and one staff member said, "Management supervision is fantastic. We are always getting training. It was monthly at one point."

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

- ☐ People received home cooked food that constituted a balanced diet. One person when asked about being given a choice said, "I can always have what I want. I like fresh orange juice and prunes with my cereal and that is what I have."
- ☐ The meal time experience was relaxed with people being offered choices of where they wished to eat their meal and what to drink. A variety of drinks and snacks were available throughout the day. One person said, "I did not want the lamb so they have made me a cheese omelette."
- ☐ Advice was sought from appropriate health professionals in relation to nutrition. Staff who prepared meals had information to hand on special diets required. There were sufficient staff to support people to eat with dignity.

Adapting service, design, decoration to meet people's needs

- ☐ The service was a converted large detached house. There was one double room. There are one large lounge area and a separate dining area for people to congregate and share.
- ☐ There are accessible gardens for people to enjoy outside space and fresh air.
- ☐ The environment was currently being decorated to maintain the fresh light and clean appearance.
- ☐ There were appropriate facilities to meet people's needs such as accessible bathing.



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

- People were routinely registered with healthcare professionals. A GP visited regularly when required to ensure access to treatment and medicine. There was a good relationship between the service and healthcare professionals. One person told us, "I can call my GP out when I need them. I see the district nurse regularly and I have my feet seen to on the NHS."
- People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments. A relative told us they were kept well informed about health changes and said, "The medical support here is good. They have involved the continence services recently to meet my relative's needs." Another relative said, "We visit regular and they speak to us all the time about any changes."
- Appropriate information would be shared in a timely way, because people had records. These were competed and available to take if a hospital admission was required. The service also participated in a 'Red bag' scheme. This scheme is to better support communication between care homes, ambulance services and hospital to ensure people are admitted and discharged with all their correct information and possessions.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a reasonable understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible. One person said, "I chose to move here. I decide what I do; including when I get up and go to bed."
- The registered manager understood their responsibilities in terms of making application for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted.

# 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

Good: ☐ 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

- ☐ People told us that staff were kind and caring. We observed some lovely practice by staff who emotionally supported people with compassion. One person told us, "I'm looked after extremely well by very caring staff." A relative said, "All the staff here are very caring because they know people so well."
- ☐ Our observations showed people displayed signs of well-being. One relative told us. "The staff here are so friendly. They really care for all of them."
- ☐ Staff knew people very well due to the smaller scale of the care home and several staff members who had been working there for many years. One staff member, who had been at the service for over 20 years, explained they ensured that this was people's own home and what a lovely place it was to work as it was so caring of everyone.

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

- ☐ People and their representatives were regularly asked for their views on their care and their plans. Regular meetings with relatives were in place. A relative said, "They are good with the communication. They do listen and they respond to things."
- ☐ Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were polite, courteous and engaged with people. People were treated respectfully and were involved in every decision possible. One staff member explained that, "People here make their own decisions all the time."

Respecting and promoting people's privacy, dignity and independence

- ☐ People and their families completed life histories and this enabled staff to develop meaningful relationships and have respect for people as individuals. Daily notes made by care staff showed clear respectful recording of care given.
- ☐ People were enabled to be as independent as possible. A relative explained that some people went out in taxis when they wanted to go out independently. A staff member said, "People here are independent and we give the care when needed. People can come and go as they please."
- ☐ Relatives confirmed to us that people's privacy and dignity was always maintained. Our observations were that staff were mindful in their actions and how they spoke with people. People consistently said staff ensured their privacy with knocking on doors, and closing doors before care.

# Is the service responsive?

## Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

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

- ☐ People were enabled to follow a variety of interests and activities. Some people independently went out, relatives said how they liked to take their relative to a local park. Outside entertainers visited along with activities staff who led reminiscence sessions, music or more physical activities.
- ☐ People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs. Relatives said that they were kept informed of changes and were consulted regularly.
- ☐ Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

End of life care and support

- ☐ All aspects of people's lives were planned and this included end of life care planning for some people. Peoples wishes were appropriately recorded and families were involved as appropriate with regards resuscitation. Care records had people's advance decisions recorded and known.
- ☐ A staff member explained that the service had good links with the palliative care team. That they had received training and that staff awareness was good.

Improving care quality in response to complaints or concerns

- ☐ There were known systems and procedures in place. These were known to people and their visitors. The procedure was displayed.
- ☐ People and relatives said that they felt able to speak to the registered manager at any time. Staff were aware of resolving concerns at a lower level if possible.
- ☐ We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place. One person told us. "I have no reason to complain, but know they would listen."

# 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

Good: ☐ 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

- ☐ Care and support provided did meet peoples assessed needs. People benefitted from good personal care and staff knew people very well due to the small size of the service.
- ☐ People and relatives spoke warmly and highly of the registered manager. One person said, "The manager is available to chat to whenever I want to". A relative said, "The manager is always here and available to you."
- ☐ Staff were full of praise for the management of the service. One staff member said, "I love my job. I love what I do. The fantastic managers do a really good job in the up keep of the home." Another said, "We have really good managers and great team work. They solve any problem."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ Staff were well supported in their role. Staff had regular supervision and annual appraisals. There were regular staff meetings held and staff were aware of how they contributed to the performance of the service.
- ☐ Governance systems were embedded into the running of the service. There was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a sustained quality service maintained over time.
- ☐ Quality management systems were in place. Audits and action plans were shared with staff as required.
- ☐ Continuous learning was improving outcomes for people. Examples included feedback from visiting professionals in relation to deprivation of liberty safeguards and learning from medicines errors.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ The service had regular resident and relative meetings. Changes were made based upon feedback and requests. Examples included changes to menus and entertainment. The relative's meetings were chaired and minuted by relatives themselves and therefore they had greater control of matters.
- ☐ The service regularly sought the views of people and their relatives/friends through care plan reviews, meetings and through regular surveys. We examined the findings of the last survey. The registered manager had analysed the surveys and had compared feedback to previous years and reported on what had improved and what needed ongoing focus and why. These findings had been fed back to staff to enable them to focus their efforts going forward.
- ☐ The service had good working relationships with local health and social care professionals.

