

Crownwise Limited

Crownwise Limited - St Andrews

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

Crownwise Limited - St Andrews is a residential care home providing the regulated activity of accommodation and personal to up to 8 people with a mental health condition. Crownwise Limited - St Andrews accommodates people in one adapted building. At the time of our inspection there were 8 people using the service.

People's experience of using this service and what we found

People and their relatives were happy with the care provided. Comments included, "I like it here. I am happy" and "I have friends here. The [staff] are friendly and always helpful." People were protected from the risk of avoidable harm. Comments included, "I feel safe here" and "We have a good security system. [Staff] treat us so well. I don't have any concerns."

Staff knew their responsibility to protect people from harm. They knew how to identify and report abuse, and when to whistle blow concerns. Risk assessments were undertaken and guidance put in place. This enabled staff to provide care to people in a safe manner. Enough staff were deployed to deliver care. The provider followed safe recruitment processes to ensure only suitable staff were employed to support people. New staff underwent induction before they started providing care. Medicines were managed and administered safely. Staff followed infection control and prevention guidance and minimised the risk of cross contamination.

Staff were supported to undertake their roles. They received regular training and supervision which enabled them to do their work effectively. People received support to maintain good health and their well-being.

A consistent and regular team of staff delivered care to people. This enabled them to develop positive and meaningful caring relationships. People's care delivery respected and upheld their dignity and privacy. People were asked for their consent before staff provided care to them. Staff supported people to maintain their independence and to make choices about their day to day living.

People's needs were assessed and met. Care plans were reviewed and updated to reflect changes to each person's needs and support they required. People received the support they required to access health services when required. People and their relatives felt confident and knew how to make a complaint if they were unhappy with any aspect of their care.

People, their relatives and staff were happy with the way the service was managed. They described the provider as open, transparent and approachable. The provider listened to people and valued and considered their views. Audits were undertaken for quality assurance on the care provided. Improvements were made when needed. The provider encouraged and ensured staff learnt lessons when things went wrong. Plans were put in place to minimise the risk of incidents from happening again. The provider worked in partnership with health and social care professionals and other agencies to ensure people received care

appropriate to their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (14/03/2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Crownwise Limited - St Andrews

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Crownwise Limited - St Andrews is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crownwise Limited - St Andrews is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A deputy manager was in post and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people, 2 care assistants, deputy manager and the Nominated individual (NI). The NI is responsible for supervising the management of the service on behalf of the provider.

We reviewed 4 people's care records and 4 staff files. We checked people's medicines and medicines records. We carried out observations of staff interactions with people as well as of the environment of the care home. We checked quality assurance records, and documentation related to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Comments included, "I feel safe" and "[Staff] look after us well."
- Staff knew the types of abuse, signs and symptoms and understood their responsibility to report concerns. Staff were aware of the provider's safeguarding policy and knew when to whistleblow and to escalate concerns.
- The provider ensured staff attended safeguarding adults training and refresher course to keep their knowledge about abuse up to date.
- The provider reported safeguarding concerns to the local authority. The provider investigated and addressed concerns raised at the service.

Assessing risk, safety monitoring and management

- People were provided with care in a manner that protected them against the risk of avoidable harm. Comments included, "[Staff] provide us with tips on how to stay safe in and outside the home" and "I feel safe because [staff] vet all visitors and keep the front door shut." Staff knew the risks to people using the service and were on the lookout for situations when these may arise to mitigate the likelihood of harm such as self-neglect or falls.
- Regular risk assessments and reviews were undertaken on people's health. The provider ensured support plans were in place which enabled staff provide care in a safe manner, for example each person's ability to manage their personal care, medicines and their finance.

Staffing and recruitment

- People were supported by enough numbers of staff. One person told us, "There is enough [staff] to support us." Rotas were filled with regular staff and there were no vacancies.
- People received care from staff who underwent a safe recruitment process. The provider carried out robust reviews of application forms, interviewed prospective candidates, took up employment references and carried out identity and criminal records checks.
- The provider ensured new staff underwent an induction and completed a probationary period which included provider's mandatory training, shadowing colleagues and meeting objectives set for them.

Using medicines safely

- People were supported to receive their medicines safely. Staff managed and administered people's medicines in line with best practice.
- Staff underwent training to manage people's medicines and had their competency tested. The provider

carried out audits to ensure people received their medicines as prescribed.

- The medicines policy and procedures were in place, reviewed and updated when needed.

Preventing and controlling infection

- People's care delivery ensured they were protected from the risk of infection as staff followed good hygiene practices. One person told us, "Staff clean the place. They always keep it clean and tidy."
- Staff used Personal Protective Equipment (PPE) effectively. One member of staff told us, "We have aprons and gloves which we wear when preparing food or carrying out personal care." Staff told us they washed their hands before and after providing personal care.
- The provider carried out checks to ensure staff used PPE correctly and followed cleaning schedules to reduce the risk and spread of infection.
- Staff received infection prevention and control training and attended refresher courses.
- The provider had an up to date infection prevention and control policy.

Visiting in care homes

The provider's approach to visiting aligned to government guidance.

Learning lessons when things go wrong

- The provider and staff learned lessons when things had gone wrong. The provider had an accident and incident policy and procedure. Staff followed procedures to record and report accidents and incidents.
- The provider reviewed incidents and undertook investigations to minimise the risk of a reoccurrence.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received their care and support from skilled and knowledgeable staff. Staff received training necessary to do their roles effectively. This included the provider's mandatory training in safeguarding, moving and handling, medicines management, mental health, infection control and first aid. One member of staff told us, "I find the training helpful and informative."
- Staff received support to undertake their roles via regular supervisions, team meetings and handovers. Records confirmed 1:1 and team meetings were used to discuss people's needs, changes at the service, staff training, and the support they required from each other and the management team were discussed. The provider ensured follow up actions from the meeting were reviewed and acted on.
- Staff received appraisals to review their performance and for staff to evaluate how well they considered themselves to be working.

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

- People's needs were assessed and met. Comments included, "[Staff] discuss with me my needs and the support I require" and "[Staff] know what I need and what to do to support me."
- People and their relatives where appropriate were involved in assessing their care and support plans. Staff undertook regular reviews and updates of people's care plans to reflect each person's support needs.
- Support plans were prepared in line with standards and guidance which enabled staff to provide care to people in line with best practice.

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

- People received the support they required to eat and drink healthily and to maintain a balanced diet. One person told us, "The meals are good and quite a variety too."
- Records showed each person's food preference and the support they required to meet their nutrition and hydration needs.
- Staff received appropriate training to ensure they supported people with healthy eating and to manage conditions such as diabetes. Staff followed guidance from healthcare professionals to support people to eat and drink sufficient amounts.

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

- People were supported to access healthcare services for their well-being. One person told us, "I get the help I need to see my GP or to go for my hospital appointments." Staff kept diaries and arranged medical appointments, hospital visits and escorts when appropriate. This ensured people kept up to date with their medical appointments and received the support they needed.

- People were supported to attend annual reviews of their health with healthcare professionals.
- Records showed staff followed guidance provided by healthcare professionals, for example by encouraging a person to eat healthily and to take their medicine to manage their mental and physical health needs.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People provided their consent before staff delivered. Staff received training in MCA and followed its principles by ensuring they provided support to people to make decisions about their care and promoting their rights.
- Staff understood the policy on MCA and applied it for guidance to inform the way they provided care and support to people.
- Staff had information about what decisions people could make for themselves and where they may require more support. For example, about decisions about their personal care and treatment.
- The provider worked closely with other healthcare agencies to carry out mental capacity assessments and best interests' meetings. This ensured people were provided with appropriate support to make decisions about specific aspects of their care.
- Where it was necessary for people to be deprived of their liberty to keep them safe, the provider applied for the necessary authorisations and details of the restrictions in place and how long they were valid for were detailed in care records. At the time of the inspections, no one was on DoLS.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 staff treated them well and with respect. They were happy in the manner staff related to them. Comments included, "[Staff] are good. They do care and show interested in what I choose to do" and "They genuinely care for all of us." Staff spoke compassionately about people. Care records showed staff were kind and caring and provided people with care in a compassionate manner and respected people's rights.
- People received care from a regular team of staff. This enabled staff to understand them, their care and support needs and to develop positive relationships with them. One person told us, "I really like the [staff]. I know them and they know me very well and what support works best for me".

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

- People were supported and provided with opportunities to talk about the support they wished to receive.
- People and their relatives where appropriate were involved in making decisions about their care and the support they required.
- People were provided with care in line with each person's preferred routines and preferences. Staff were rostered in a manner to facilitate a hospital appointments or outings.
- Care plans contained information about people's life history, their preferences, routines, spiritual and cultural needs. People told us and care records showed this enabled staff to provide care appropriate to people's needs.
- People's care delivery upheld their equality and diversity. Staff ensured their practices were inclusive and did not discriminate against any person using the service.

Respecting and promoting people's privacy, dignity and independence;

- People's privacy and dignity were upheld. People told us staff respected their space when needed and treated them with respect. One person told us, "[Staff] always check if it's ok to come into my room." A member of staff told us, "We respect everyone. For example, we are encouraged to knock and wait to be invited before entering [people's] rooms. We close doors and draw curtains when supporting people with personal care."
- People were supported to maintain their independence as far as practicable. Care plans contained details about the tasks they could undertake and where they needed support. People received the support they required which enabled them to maintain their existing skills and develop new ones, for example tidying their rooms, planning for their outings and setting and clearing dining tables.
- Staff knew what mattered to people using the service and how they wished their care delivered. Care

records showed staff provided support in line with this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. Comments included, "The [staff] help me with my care" and "I'm asked about the support I need. I am involved in making decisions about my care."
- Care plans were detailed and highlighted each person's individual care and support needs. Staff knew people well and knew their preferences, routines and how they wished their support to be delivered.
- People's care needs and support plans were reviewed and updated regularly. Staff received sufficient information and guidance that included changes in people's needs. This enabled them to provide individualised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received information about their care and support in a format appropriate to their communication needs. The provider undertook assessments to identify and put plans in place to meet people's communication needs. This enabled staff to communicate effectively with the people they supported.
- The provider understood their responsibility to provide information to people about their care and support in accessible format in line with AIS. Records showed people communicated effectively with staff as the information was presented to them in a format they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People received the support they required to maintain relationships with those that mattered to them. One person told us, "My family is welcome to visit and do come here" and "[Staff] help me to travel to see [relative]."
- People were supported to keep in touch with family and friends. This enabled them to minimise social isolation and supported them to lead fulfilling lives where their well-being needs were met. Staff supported people to engage in activities for stimulation. Staff rotas were planned to enable them to support people meet their needs.
- Care records detailed information about people's hobbies, interests, likes and dislikes and the support they required.

Improving care quality in response to complaints or concerns

- People told us they felt confident to make a complaint when care delivery did not meet their expectations. The provider addressed their concern. Comments included, "Just minor things. [Staff] and managers are always here and sort these out in no time" and "I'm able to do it but everything has been good for all the time I have been here."
- People were provided with the complaints procedure. They understood the information which explained the process of how to raise a concern about any aspect of their care and how the provider resolved the issues.
- The provider understood their responsibility to investigate and resolve complaints in line with their policy and procedures.

End of life care and support

- People were supported to discuss their end of lives wishes. Staff recorded each person's preference if they chose to share their views.
- No one was receiving end of life care at the time of our inspection.
- The provider understood the support available to ensure people at the end of their lives received appropriate care. They had contacts with healthcare professionals such as GPs, palliative teams and clinical nurse specialists when needed.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a positive and person-centred culture practiced at the service. One person told us, "I receive support and encouragement to live a wholesome life." People were supported to achieve their goals and to meet their needs and preferences. Staff encouraged people to take part in activities of their choosing, outings, undertake personal care and attend community-based events.
- Staff told us they received support to undertake their roles and received regular supervisions. The provider sought staff's views about the service and provided them with updates on developments in the home. Regular staff meetings were held to discuss their work and changes required to maintain good standards of care and updates on people's needs and support plans.
- Policies and procedures were reviewed and updated when required to provide guidance to staff on how to deliver care effectively.
- The management team knew all people using the service and enjoyed a cordial relationship with them. They encouraged staff to deliver person-centred care in a dignified and safe manner.
- The provider submitted notifications to the Care Quality Commission (CQC) and the local authority safeguarding teams of significant events in line with their legal responsibilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the management team interacted with them and felt confident to discuss any concerns they had. They said their feedback was used to improve service delivery.
- People and staff told us the management team encouraged them to be open and honest when things had gone wrong. This enabled them to review their practices and ensure they learnt from their mistakes. The provider kept the local authority and CQC informed about significant events at the service.

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

- People received good standards of care as the provider assessed, monitored and improved the quality and safety of the service.
- Detailed audits were undertaken on various aspects of the service. This included checks on care and support plan, premises, health and safety, supervisions, staff training and medicines management. Shortcomings were identified and resolved.
- Staff understood their roles and responsibilities which they said were clearly spelt out in their job

descriptions. Staff told us tasks were planned for each shift and agreed upon individually and as a team. The delegation of roles increased their accountability which ensured people received good standards of care.

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

- People told us the service was managed well and they received good standards of care. Comments included, "[Nominated individual] and care staff] are very good"; "[The staff] go out of their way and make sure everything here is well planned. The home is well managed."
- People and their relatives where appropriate were invited to share their views about the service and the care and support provided. Staff undertook 1:1 meetings with the management team. The provider ensured care reviews, surveys, questionnaires, audit of care plans and records were undertaken to ensure staff provided care in line with people's preferences and expected standards.
- The provider listened and acted on feedback received and made the appropriate changes required to meet people's individual needs.
- Staff commended the nominated individual, management team and teamwork at the service. Comments included, "We are a good team. I'm very happy working here" and "I feel listened to. My views are valued."

Continuous learning and improving care

- People received good standards of care because the provider supported continuous learning and improvement. Staff received refresher training and made aware of changes in the health and social care sector which improved their knowledge and skills to care and support people.
- The provider regularly upgraded their IT systems. Care and support plans, daily recordings of people's day to day living were recorded in an electronic format and filed systematically. This enabled the provider to maintain, review and update information about people and outcomes in a coordinated manner. This facilitated the provider and management to have increased oversight by management. The provider continuously undertook refurbishments of the service.

Working in partnership with others

- People benefitted from the collaborative working of the provider with other agencies including and health and social care professionals to drive improvements. The provider worked closely with the local authority on placements and held regular reviews of people's needs and support plans.
- People received the support they required to access the local community and services such as GPs. This ensured they received care and support appropriate for their health and well-being.