Crawfords Homes Limited

Crawford Care Home

Inspection report

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West Sussex
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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Crawford Care Home is a residential care home for up to 11 people living with a learning disability and/or other mental health and physical needs. At the time of our inspection, the home was fully occupied. Crawford Care Home is situated close to the seafront at Bognor Regis and public transport. The home forms part of a Victorian terrace and accommodation is provided over three floors. The ground floor communal areas comprise a kitchen, dining room, sitting room and quiet lounge. All rooms are of single occupancy.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

A creative and innovative approach had been developed to ensure that people received care that was centred on them. People were actively encouraged to be involved in all aspects of their care. Systems had been implemented to ensure people understood information relating to their care and that enabled them to be actively involved in reviewing their care plans with staff. Care plans were drawn up in an accessible format in line with the Accessible Information Standard. Where people displayed behaviour that might be perceived as challenging, staff supported them by deflecting their attention and diffusing the situation. A system of positive rewards had been put in place whereby people could gain gift certificates resulting in a choice of a particular additional activity that they would like to engage in. Activities were organised in line with people's preferences. People could choose which staff they would like to support them as they had access to staff profiles which provided information about staff, their interests and hobbies. People were actively involved in developing the service and helped interview new members of staff. People were encouraged to engage with communal activities and information to assist people with this was being drawn up by staff.

People felt safe living at the home. Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns. Risks to people were identified, assessed and managed appropriately. Care plans provided detailed guidance for staff on how to mitigate risks. Staffing levels were sufficient to meet people's needs. New staff were recruited to ensure they were safe to work in the care industry. Medicines were managed safely. The provider had an accessible complaints policy in place. No complaints had been received or recorded recently.

People were supported to have maximum 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. Staff had completed training on the Mental Capacity Act (2005) and understood the requirements of this legislation and under the Deprivation of Liberty Safeguards. Staff completed training in a range of areas to enable them to support people safely. Regular supervision meetings took place, together with staff meetings. People were encouraged to maintain a healthy lifestyle with support from healthcare professionals. Their nutritional needs were met appropriately.

People were looked after by kind and caring staff who knew them well. Positive, caring relationships had been developed. As much as they were able, people were involved in decisions relating to their care. People

were treated with dignity and respect and their spiritual needs were recognised and catered for.

People were asked for their feedback and suggestions about the service through residents' meetings. Feedback was also obtained through formal surveys and a separate questionnaire was completed by family and friends. All responses rated the service as either excellent or good. Staff were involved in the service and some were responsible for taking the lead in certain areas such as safeguarding and infection control. Staff felt supported by management. A range of audits had been put in place to measure and monitor the quality of the service overall.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was outstanding.

Person-centred care was at the heart of the service. People were encouraged to be involved in all aspects of their care through monthly review meetings. Review documents were drawn up in an accessible easy-read format so that people could understand information and be fully involved in reviewing their care.

People's individual needs were met because the provider worked with the local authority, gaining support and advice to ensure people's support needs were met in a responsive, person-centred way. People were fully involved in this process.

Activities were arranged to meet people's preferences and interests. The service had been creative in pairing people with staff. Staff profiles had been drawn up so that people could see at a glance which staff member they liked best or who had similar interests.

The provider had been proactive in thinking how to support people to access activities in the community. An activities folder was in place which showed people what activities they could be involved with and how much each would cost.

People's birthdays and Christmas were celebrated and presents bought by staff for each person living at the home. Some people had involvement or contact with their relatives or people of importance to them. The provider demonstrated that everyone was cared about and made to feel special.

An accessible complaints policy as in place. No complaints had been received recently.	
Is the service well-led? The service remains Good.	**Good**

Crawford Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection. The inspection took place on 13 July 2017 and was unannounced. One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had experience of mental health services.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan and other records relating to the management of the service.
On the day of our inspection, we met with seven people living at the service; we also met with a social worker who had a review meeting with one person. We chatted with people where they were able to speak with us and observed them as they engaged with their day-to-day tasks and activities. We spoke with the provider, the registered manager, deputy manager and two care staff.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "I love it here and I feel safe and very happy". Another person told us, "I feel safe because the staff make me feel safe". Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns in relation to people's safety and welfare. One member of staff explained, "I would immediately inform the manager or deputy manager if I had any concerns. There is safeguarding information on the wall in the office and I could also call the local authority".

Risks to people were identified, assessed and managed safely. We looked at care plans for three people and a range of risk assessments was in place. For example, we saw assessments in relation to medicines, smoking, mobility, skin integrity, health care, food and nutrition and challenging behaviour. Each risk assessment identified the hazard, outcome of the risk assessment, control measures, likelihood of the risk occurring and were scored, then rated as 'high', 'medium' or 'low'. Risk assessments were reviewed by senior care staff on an annual basis. People also had Personal Emergency Evacuation Plans (PEEPs) in place, should they need to be evacuated from the home in the event of fire or flood. Staff had regular fire training and also shared this training with people who lived at the home, so they had a good understanding of what action needed to be taken in the event of an emergency. People were involved in decisions relating to risks and were encouraged to be as independent as possible. One person said, "Staff help me with showers or baths as I can't reach my back, but I can get out of the shower on my own". They added, "I like to be independent. Staff encourage us to do things for ourselves". Another person told us, "I go to college and go out on my own. I walk to college or get a taxi". People we spoke with all felt they were given a level of independence, however, they understood that staff may have to intervene when necessary to maintain people's safety.

People we spoke with felt there were enough staff on duty. One person said, "Staff take me out in my wheelchair to the shops and to the beach". Staffing levels were safe and there were sufficient staff to meet people's needs. During the day, four care staff were on duty in the morning and three care staff in the afternoon. The deputy manager or registered manager were also available on a daily basis. At night, two waking night staff were on duty. The registered manager told us they did not like to use agency staff and that, if there were staff shortages, staff could come over from one of the provider's other homes or staff could work overtime. People preferred to be looked after by staff that they knew and who knew them well.

Recruitment practices were safe. Staff files we checked showed that potential new staff had completed application forms, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Medicines were managed safely and people were assessed as to whether they could take their medicines independently. If people were assessed as being competent to self-administer their medicines, then their medicines were stored in a locked cabinet in their bedroom. One person said, "I self-medicate, but

sometimes need reminding; mostly I do it myself". A second person told us, "I like taking my medicines regularly; staff give them to me". A third person said, "I get pain killers when I need them". We observed people being given their medicines at lunchtime by trained staff. The majority of people went to the management office to have their medicines administered. Medication administration records were completed by staff to show people received their medicines as prescribed. Staff were trained in the administration of medicines and their competency was checked every year. One staff member told us they had been booked to attend a medication masterclass and that this would teach them to understand why particular medicines were administered and any possible side effects. Overall, medicines were ordered, stored, administered and disposed of safely.

Good

Is the service effective?

Our findings

People we spoke with felt the staff had the right training, knowledge and skills to meet their needs. Staff completed a range of training which was delivered face-to-face or on-line. We looked at the staff training plan which showed staff had completed training in medicines, epilepsy and buccal midazolam, learning disability, dementia care, first aid, infection control, safeguarding, health and safety, fire safety, moving and handling, falls prevention, food hygiene, consent and person-centred care. Some staff had also completed training in end of life care and dying and bereavement. Training was in place to enable staff to have an understanding of specific health conditions, such as diabetes or Asperger's syndrome. The deputy manager told us that they tried to plan training around people's actual needs. Staff were able to apply what they had learned through the application of real-life scenarios and case studies. One staff member told us, "I've done all the training and I'm getting used to doing it on-line. I like training. It improves your knowledge and keeps you up to date".

Staff received approximately four supervisions a year, but senior staff explained that observing how staff interacted with people and delivered care was constant. One staff member confirmed they had attended two supervision meetings so far this year. Items they discussed with their supervisor included the quality of their work, residents, training, handovers and whether they had any concerns or worries. The staff member added, "The managers are here for everyone 24/7 and they do sort things out". Staff meetings took place approximately four times a year. We looked at the minutes of a staff meeting held in May 2017 which included discussion on care files, medicines, residents, cleaning, mental capacity, promoting independence, training and activities. A staff team building summer party was in the process of being planned.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us that best interest meetings had been held recently for people in relation to whether they should receive dental care. Staff had been trained to understand the requirements of the MCA and of the implications of DoLS and were given reminder cards on the five key principles underpinning the MCA. One staff member said, "I know the five principles and I would never treat someone as if they didn't have capacity. It's about promoting people's rights, including their right to choose and their quality of life, making it better". Applications for DoLS had been made to the local authority as required.

We observed people having their lunchtime meal and that this was an enjoyable and social occasion. One person said they liked the food on offer, especially the Sunday roast. Another person told us, "Staff ask you what you want to eat and give you a choice". People also explained that staff were keen to promote healthy eating habits and diets and they had agreed to receiving support. One person said they agreed to be weighed every month and to cut down on eating sweets. Another person told us that their GP monitored their cholesterol levels to promote good health. Special diets were catered for in line with people's choices or health needs. People we spoke with confirmed they received support from a range of healthcare professionals such as their GP, dentist and chiropodist. One person told us they saw their GP and dentist regularly and had regular health screening checks. People had 'This is Me' care passports in place which

provided information about their healthcare needs and how healthcare professionals should support them. The registered manager told us that monthly meetings were organised with the local medical practice and other care home managers in the community.

Good

Is the service caring?

Our findings

The atmosphere of the home was vibrant, warm and welcoming. Staff had relaxed, friendly relationships with people and we saw numerous examples of positive interactions and laughter throughout the day. People told us they found staff helpful, approachable and friendly. One person said, "The staff are caring and are easy to talk to; they sort my money out". Another person told us, "I find the staff quite nice and they don't shout at you". A third person said, "The staff do care just by the way they act". They added, "I like all the staff, I love them all". A fourth person told us, "Yes I do think the staff are very caring. I thank these people for doing what they have done for me. They saved my life and they are all doing a good job". One person explained how staff had organised for them to set off balloons into the open air as a way of remembering loved ones. When the provider came to visit the home on the day of the inspection, she was wearing a necklace that one of the residents had made for her. Another person gave the provider a picture of a butterfly that they had recently made and the provider was very pleased with her gifts.

We asked staff how they would form relationships with people they supported. One staff member said, "We read their care plans and talk to families. We spend time with people and ask them about their likes and preferences". They gave us an example of how one person was not keen to get up in the mornings, so they could get up later. The staff member explained that a cup of tea and a biscuit also acted as positive encouragement for the person to get out of their bed. We asked people about their care plans. Some were aware of their existence and one person told us, "I am aware of my care plan. We clean our rooms and sit out in the garden and I am involved in my care". Another person said, "I am unsure about a care plan, but the staff go through something with me". A third person told us, "I have seen my care plan and it gets updated every so often, so yes, I think I am involved with that". People felt they were listened to by staff and their views were sought.

We asked people whether they had any religious or spiritual needs and how these might be met. One person told us that if they wanted to go to church then the staff would help them. People we spoke with said staff knew them very well, including their likes and dislikes. Our observations throughout the inspection showed that staff knew people well and conversations were informed and personal. Staff were genuinely interested in people at the home and people cared about staff too.

People were treated with dignity and respect. One person explained this by saying, "You can be private. The staff always knock on your door before entering". We observed this to be the case. A second person said, "I prefer to spend a lot of time in my room so I don't see the staff much". We asked staff how they would involve people with their care. One staff member said, "I always ask people, like one of our newest residents, we would always give them a choice. For example, about their meals, whether they liked a bath or shower and in choosing their clothes".

Outstanding ☆

Is the service responsive?

Our findings

Person-centred care was at the heart of the service and people were encouraged to be involved in all aspects of their care. Every person we spoke with knew who their keyworker was. A keyworker was a member of staff who knew the person extremely well and co-ordinated all aspects of their care. One person explained, "I know who my keyworker is and I see her every day". Another person told us, "I can talk to my keyworker when they are there and can approach them whatever the problem is. They will look into it for me". People were involved in reviewing their care plans where possible and their signature was obtained and recorded on file to confirm this. Some people did not sign their care plans, but were involved in weekly conversations with their keyworkers about their care. This ensured that people were actively involved in developing their care and support plans. Staff made every effort to make sure people were empowered and included in this process.

Where people displayed behaviour that might be perceived as challenging, staff had been trained to recognise the trigger signs. We observed some incidents during the day when people became upset and how staff diffused the situation and calmed people down. The registered manager said, "Staff know how to diffuse situations if people are having a bad day. We can see the signs, you know when it's going to happen". The service was flexible and responsive to people's individual needs and preferences and had developed an innovative way to support people to have some control of their behaviours. Conversations had been held with people about things that would have a positive impact on their lives and in response a reward system had been introduced; people had been fully involved in planning and implementing this new approach. People could gain recognition for positive behaviour and receive a gift certificate devised by the person. People were enthusiastic about this new scheme and were keen to participate. People showed us how they recorded the progress towards achieving the 'credits' to achieve their desired gift certificate. The gift certificate could be 'cashed in' and used perhaps for additional outings or something else that the person particularly wanted to do. The scheme had been successful and incidences of behaviours perceived as challenging had been reduced.

Support had been sought from the local authority's dementia team. For example, if people were reluctant to sleep at night and liked to walk around the home, staff tried to encourage them back to bed; this had not always been successful and people could become increasingly tired and disorientated. One person was consistently getting up at night and, in their confused and anxious state, could become quite distressed. Apart from using verbal prompts to persuade people they would benefit from sleeping during the night, night staff dressed in their pyjamas. This meant that if people were confused about what time of the day it was, they could easily relate to the fact that staff were wearing their nightwear and therefore it was night-time. People who lived with a learning disability and had mental health needs, responded well to this and were able to easily understand what was happening and why staff were dressed ready for bed. This idea had worked well so that people had a good night's rest and were less tired during the day.

Activities were arranged in line with people's choices and preferences, both in and outside of the home. The provider paid for a holiday for each person on an annual basis. One person said, "We are going to Disneyland in Paris next year". The deputy manager had been proactive in thinking about the potential risks

for people in travelling abroad. The deputy manager told us they would ensure that summaries of risk assessments and care plans for people were translated into French, should this information be required in the event of an emergency. Another person told us they would sometimes visit a café in town, play Bingo or have a swim or paddle in the sea. A third person talked about outings they had enjoyed to places such as Monkeyworld and Marwell Zoo. People were encouraged to pursue education, volunteering or employment opportunities. One person was attending college and studying arts, crafts and communication. People had access to the Internet and could shop on-line if they wanted. People were encouraged to stay in contact with those that were important to them through emails or Skype.

The arrangements for social activities were innovative and met people's individual needs. The deputy manager had been creative and was in the process of putting together an activities folder of things people might be interested in doing in the community, together with how much each would cost. Some activities might be free, for example, visiting the library or joining a 'Knit and Natter' group; there were activities suitable for the 'Over 50s'. People enjoyed outings into the community with staff and when residents' meetings took place, people were actively involved in planning what they would like to do. For example, people had expressed an interest in watching how caterpillars pupated and eventually turned into butterflies. As a result, a kit had been purchased and people could look at the progress made from chrysalis to butterfly, eventually releasing the butterflies into the garden. A rabbit lived in a hutch outside the home and people enjoyed caring for him.

Rather than just allocating staff to support people with activities, people were provided with ways to choose the staff who they would like to pursue social activities with. The deputy manager had thought creatively about how this could be achieved. We were shown a file which contained 'care plans for staff'. These were documents which provided people with staff profiles, staff pictures and information about their interests and hobbies. The file was accessible for any person to have a look at and was particularly useful for people when they came to live at the home. The profiles provided people with information about each member of staff and then people could decide which staff member they liked best and who might be most appropriate to support them with a particular interest or hobby, pairing people and staff with similar likes and dislikes. This meant that people had an enhanced sense of wellbeing and an exceptional quality of life. In addition, people's birthdays were celebrated with a special meal of their choice. The provider put aside a sum of money so that a present(s) could be purchased for every person living at the home, on their birthday and at Christmas. This meant that even if people had no relatives or friends who were directly involved with their lives, they were cared about and not forgotten on special days and holidays.

We looked at three care plans. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. People's care and support was planned proactively in partnership with them. Care plans contained information about people in an accessible format, for example, through the use of symbols or pictures; they were written in an easy-read style. We talked with a visiting social worker who was reviewing one person's care at the home. They told us, "Staff have been good at advocating [named person] needs". The social worker explained how the person had been involved in making decisions about their future, with various options being explored. Templates had been put together in an accessible way, so that people were able to understand information about themselves that was being discussed. Monthly meetings relating to people's care and support needs took place. Reviews took account of people's medicines, health, mobility, skin care, mental health, continence, personal hygiene, daily living, education and employment and activities, for example. Each area was discussed with the person, changes agreed if needed and actions identified. One person had chosen not to be checked on by staff during the night and this was recorded in their care plan. People were invited to

comment on staff competencies, for example, in relation to how they felt their personal care was delivered by staff. This ensured they were totally involved and their views sought on every aspect of their care. Communication passports were in place and these showed how staff should communicate with people in line with their preferences. These passports also included information relating to people's likes and dislikes, hobbies and interests.

The provider had a complaints policy in place that was produced in a visual/easy-read format so that people knew how to raise a complaint. We asked people about their understanding of the complaints process. One person said, "I would tell the manager if I had a complaint, if I had anything worrying me and I think they would look into it". Another person told us, "I would have no problem in approaching staff and would feel comfortable if I had a problem. Each resident has a carer, so it would be sorted out". A third person said, "I would tell staff if I had a problem". Everyone we spoke with felt comfortable in raising a complaint. No formal complaints had been received for some time.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. People told us they helped interview and choose staff. They put together the questions they wanted to ask potential new staff and were supported in finding out what they wanted to know about new staff. People told us what was happening at the home and were fully updated on events happening at the provider's other home, where building works were taking place and where they occasionally visited. We asked people about residents' meetings that took place. One person said, "Yes, we do have residents' meetings every month and we sometimes get a certificate, a reward sheet for doing things". A second person confirmed that residents' meetings did take place but that this was a new arrangement for 2017. The registered manager explained that residents' meetings had not proved popular in the past due to the people who lived in the home previously and who were not interested. However, meetings had now been re-instated and were working well. One person, who was not in favour of the meetings, told us, "It's my personal choice not to attend them". Another person said, "Improvements are made, but sometimes it takes a while for it to be done". Where people chose not to attend meetings, their feedback was obtained through individual conversations with staff or through formal surveys. Seven people had completed the last survey which was completed in October 2016. All responses rated the home as either excellent or good. One person had commented, 'If all homes were the same as this home, the world would be a far better place. Thank you all'.

We looked at records relating to residents' meetings that had taken place in January, March and May 2017. Items discussed in the March meeting included fire safety, maintenance, holidays and kindness. An action plan had been drawn up to show what steps would be taken to address the issues discussed. People signed the minutes to show they agreed the content. We also looked at records relating to a relatives and friends' questionnaire which was completed in April 2017. Questions were asked in relation to safety, staffing, consent, cleanliness of the home, food and drink and healthcare. Six surveys had been completed and all rated the home as either excellent or good.

A registered manager was 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.

Good management and leadership were evident. People we spoke with felt the service was managed very well. One person commented, "The managers are all right". A second person said, "The managers buy us things and they take us out clothes shopping". A third person felt the home was managed very well and talked about one of the provider's other homes which they visited for social outings occasionally. Everyone said they had contact with the managers on a daily basis and one person told us they got on well with the directors, seeing them regularly at the home.

Staff told us they felt supported by the management team. Staff had taken on addition responsibilities and were the 'lead' in various areas such as medicines, infection control, safeguarding, health and safety, diet and nutrition and activities. This meant they had received additional training or had particular knowledge in

their lead topic and staff could go to them for advice and guidance. They were also responsible for audits relating to their lead area. The registered manager said, "It's very homely and the clients have a lot of choice. We have a really good team here and I feel well supported. Training also provides staff with confidence to do their job".

A system had been put in place to monitor and measure the service. We looked at a range of audits which had been compiled based on the Commission's five key areas, in safe, effective, caring, responsive and well led. Under each area, the key line of enquiry (KLOE) was identified and the home then measured their progress against the requirements of each KLOE. For example, the audit in relation to 'Safe' included safeguarding training and alerts, equality and diversity, person-centred care, challenging behaviour, human rights, restraint and house systems. Observations were made around the home and people were asked if they felt safe. Additional information under 'Safe' related to complaints management, fire safety, behaviour plans, risk assessments, staffing handovers and levels and medicines management.

The registered manager told us they had joined an 'outstanding managers' forum on social media to share ideas about good practice with other home managers.