

Coverage Care Services Limited

Crowmoor House

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

This inspection took place on 9 February 2016 and was unannounced.

Crowmoor House is registered to provide accommodation with personal care to a maximum of 57 people. There were 52 people living at the home on the day of our inspection. The home provides care and support for older people some of whom were living with dementia, mental health or learning disabilities.

A registered manager was in post and was present during our inspection. 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.

Staff had received training in and understood how to protect people from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

People were happy they were supported by sufficient numbers of staff to safely meet their needs. When people needed or asked for help and support they were not kept waiting and staff responded swiftly. The registered manager monitored how many staff were needed based on people's individual needs. Checks were completed on potential new staff to make sure they were suitable to work with people living at the home.

People were supported to take their medicines safely and when they needed them. Medicines were stored safely and only staff who had received training and been assessed as competent were able to support people with their medicines.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff. Where people were unable to make their own decisions these were made in their best interests by people who knew them and other relevant professionals.

Staff supported people to maintain a healthy balanced diet and supported them to make their own choices about what they wanted to eat and drink. People's routine health needs were met and referrals were made quickly when people needed other health care support or staff were worried about a person's health.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure they understood information that was given to them. People were treated with dignity and respect and staff understood how important this was in the way they cared for people.

People were happy with the care and support they received and gave positive comments about the staff and management at the home. Care that staff gave was personal to each person and people were supported to spend their time how they wanted to.

People knew how to raise complaints but told us they had not needed to. They were able to give their opinions of the home and the care they received at meetings and through surveys. People felt involved in what happened at the home and felt staff and management listened to them.

The home had a positive culture where staff worked for the benefit of the people they supported. The provider had systems in place which assessed and monitored the quality of care and support staff provided at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who were trained to protect people from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. There was enough staff to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. We saw that people were supported to eat and drink enough and access healthcare from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had opportunity to build relationships with. People were kept involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

We found people received care and support that was personal to them and that was reviewed regularly. Staff supported people to decide how they wanted to spend their time and asked for their opinions on the support they received. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

Staff worked for the benefit of the people they cared for and supported. People felt involved in what happened within the home. Systems were in place that monitored the quality of the service provided and action was taken when improvements were identified.

Crowmoor House

Detailed findings

Background to this inspection

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

This inspection took place on 9 February 2016 and was unannounced.

The inspection team consisted of two inspectors and one 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 16 people who lived at the home. We spoke with eight care staff, four support staff and the registered manager. We spoke with one district nurse and one community healthcare assistant. We viewed three records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed two records which related to recruitment and other records relating to staff training and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

People we spoke with told us they always felt safe and looked after by staff. One person said, "I have been here for six years. This is my home and I am safe, no worries". Staff had been trained in and knew how to recognise signs of abuse. They told us this training helped them to keep people safe and to understand how people could be abused or discriminated against.

Risks to people's safety and wellbeing had been assessed and were monitored regularly by staff. One person told us they knew they needed to ask staff for help because they were prone to falls. Some people wore alarm pendants and they told us they had chosen to use these and were clear these were for their own protection and safety. We saw staff supported people safely with their mobility and their use of mobility aids. Care staff regularly spoke with people who chose to stay in their bedrooms to ask if they were alright. Staff told us they had been trained and felt confident to help reduce risks around the home such as changes in people's mobility, recognising environmental hazards or reporting faults. They told us they had been trained to recognise when people may become anxious and how to support them and others around them safely without imposing unlawful restrictions on them.

People told us there were enough staff on duty to support them on a daily basis. We saw staff were not rushed and they responded quickly when people needed support. We saw staff offered support to staff in other areas of the home. Most staff told us they were happy there were enough staff within the home but some thought the home was short staffed on occasion. We spoke with the registered manager about this and they told us due to staff illness they were, on occasion, a staff member short on a shift. However, there was always a 'duty manager' in the home who was available to help cover where needed and staff from other areas of the home would support each other to ensure people's needs were met. In the event of staff shortages they asked other staff to cover extra shifts and admitted this was difficult at short notice if staff could not provide the cover. Staffing levels were reviewed monthly by the registered manager who told us they based staffing levels on people's dependency needs.

Staff did not start work at the home until their identity, background and past employment history had been checked. The provider sought references from potential staff's last employers and carried out a background check called a disclosure and barring service check. This helped to ensure potential new staff were suitable to work with people living at the home.

We spoke with people about how staff supported them with their medicine. One person told us they were often in pain due to an injury and that they received pain relief from staff when they asked for it. We saw one person being supported to decide if they needed a particular cream applying. Some people had medicine given to them only when they needed it, such as pain relief. Information in people's records gave staff clear instruction on why and when people might need this medicine, including how to recognise if a person was in pain if they could not tell staff. Only staff who were trained to handle medicines had access to people's medicines. Staff spoke confidently about the policies and processes they needed to follow to ensure people received their medicines safely and when they needed them. Medical administration records we looked at showed that people received their medicine as prescribed.

Is the service effective?

Our findings

Every person we spoke with felt that staff who cared for them knew how to look after them well and in the right way. One person said, "I came here for respite six years ago. It was so good I stayed. The care was and still is so marvellous". A district nurse told us staff followed guidance and recommendations they made and provided good care to people. All staff we spoke with were confident in their roles and told us they received the training they needed to give them the skills to meet people's needs. They felt supported by other staff and the management team and received regular one to one supervisions with their line manager. Two staff told us they had requested specific training but had not heard anything back about this. We spoke with the registered manager about how the provider facilitated staff's training requests. They told us that training was discussed at staff's one to one supervisions and that staff also have information on what training was available so they could book onto it. The registered manager told us that some staff had expressed they wanted first aid training and this was now in the process of being arranged.

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. We saw people were supported to make their own decisions and give their consent to the support they received. People were asked for their permission before anything staff needed to do. Staff supported people to make their own choices around what they wanted to eat and drink and what they wanted to do with their time. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Where decisions had been made on behalf of people we saw these had been made in their best interests by staff with involvement from a multi-disciplinary team of professionals where needed. This ensured that people's rights were protected and their best interests considered when decisions were made on their behalf.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider followed the requirements in the DoLS to ensure that people were not being unlawfully deprived of their liberty. Applications had been made to the supervisory body and we had been notified as required when these applications were authorised. Not all staff we spoke with knew who had a DoL authorised or the reason for these. Staff must be aware of any person who is subject to a DoL because of the importance of meeting any conditions attached to those authorisations and the impact this could have on care planning. We spoke with the registered manager about this and they assured us they would discuss this with staff to ensure they were aware who had a DoL in place.

People were supported to have enough to eat and drink and maintain a healthy diet. People told us the

food was, "Wonderful" and there was, "Plenty of it". We saw people were offered drinks throughout the day and they had access to jugs of cold drinks and to kitchen areas to make their own drinks. Staff were available to support people when they needed it and offered choices of food and drink to everyone. We saw one person did not eat their meal and staff offered the person a variety of choices to ensure they ate something. Staff told us they would speak with the cook if people did not like any of the choices offered and different options would be offered dependant on what food resources were available. Where people were at risk of not eating or drinking enough we saw plans were in place to manage this. People were weighed monthly and one staff member told us this could help them to identify health problems early because fluctuating weight could indicate a health issue.

People were referred to healthcare services as required such as their doctor, district nurse, specialists, mental health team and memory services. One district nurse told us staff made timely referrals to them when requesting advice and visits. One person who had recent health problems had been seen regularly by their doctor who was monitoring them. Appropriate referrals had also been made to other healthcare professionals and for treatment. When one person had lost weight recently staff told us they had contacted the doctor to arrange for them to see the person.

Is the service caring?

Our findings

Every person we spoke with praised the care they received and the staff that supported them. One person said, "I am very happy here, the care is wonderful". Another person said, "The care and carers are fantastic and will do anything for you at any time". People were relaxed in the company of staff and spoke comfortably around them. Even when staff were busy with other things they took time to respond and talk with people. When staff passed people's bedroom we saw they often took a couple of minutes to ask if the person was alright.

Some staff had worked at the home for a number of years and told us they had built good relationships with people and knew the way that they liked things done. One person told us that staff regularly made them laugh and cheered them up. Another person said, "All of the staff on days and nights are good and keep you safe and looked after. There is not a bad one amongst them". We saw staff had a caring approach when they supported people and that they knew people well. When staff spoke with us about the people they supported they did so with warmth and compassion.

We found people were involved in their own care and they told us their views were listened to and respected. One person said, "These carers will help you with anything to improve things for you and always ask you what you want". We saw staff involved people in making decisions about their day to day care and support such as what they wanted to eat, drink or how they wanted to spend their time. One staff member told us one person had recently been supported by an advocate to make a specific decision about their care. An advocate acts on behalf of the person to ensure their wishes are respected and decisions made are in their best interests. We saw staff asked people if they wanted help with their meals rather than doing things for them. Staff told us this was to give them independence and also to keep them involved in what was happening. One staff member said, "Just because we know the support they [people] need it doesn't mean we just do it. We have to still give choices, talk to them and ask them what they want". Information was given to people in a way they could understand. We saw staff adapted the way they spoke with some people so they understood and were still involved in conversations about their care. One staff member told us that sometimes they would have to explain something a couple of times, use gestures or change how they worded something to make sure people understood.

We found staff had discussed people's end of life choices where appropriate with them and recorded their wishes. One staff member told us that with some people this discussion may just be around what flowers they want or if they want their favourite belongings with them.

People told us their dignity and privacy was supported by staff. One person said, "You can have lovely showers and they help you and look after you – they look after everything – you, your clothes and room everything". They told us their preferences for colours, clothes, scarves and jewellery was supported by staff when they helped them to get dressed. We saw staff knocked on people's bedroom doors and ask permission to go in.

Is the service responsive?

Our findings

People told us they received the care and support they wanted and needed. One person told us the staff had responded to and provided them with what they needed. They said, "I am here on respite and I am very happy I cannot fault the place, they saved me. This place is marvellous, I love it here and I am very happy I wish I could stay here forever. They have built me back up ready for when I move on to my new place".

We found the care staff provided was individual to each person. People told us staff knew their individual needs and what their preferences were. Staff told us they got to know people over time and they made sure their care plans reflected their current needs. They would sit down and discuss what people wanted to do, their interests, their likes and their dislikes. Changes in people's needs were communicated between staff at shift handovers and care records and risk assessments were reviewed regularly and updated when required. Information from visits by other healthcare professionals were recorded and shared with staff. This made sure that staff had the most up to date information about people's care needs.

People were encouraged to spend their time how they wanted to. One person said, "I go out for a walk regularly, it's never a problem coming and going". People told us they had enough to do and that staff kept them entertained. We saw that most staff went out of their way to make sure people were involved in and encouraged to find things to do. Some people took part and some were happy to observe. We saw people moved between different areas of the home to take part in organised games of balloon volleyball. People told us they went to clubs outside of the home or went shopping or visited friends and family. Other people told us they enjoyed their knitting and spending time in their own bedrooms. One person told us they had made cakes with a staff member and enjoyed walking around the home talking with other people. People were observed knitting, colouring pictures, sewing, reading, listening to music and enjoying the sunshine coming into some of the lounges. We saw staff also spent time sat with people and chatted or engaged in individual interests.

One person told us they were grateful for the personalised support they had received recently from staff within the home. They told us, "They organised a family party for me the other week and some of my friends here came as well. They prepared a lovely buffet for me and organised the room, it was lovely and everyone enjoyed it. I am glad you people are here and have taken the time to sit and talk to me because through you I can say a big thank you to all the staff here".

People told us they knew who to go to if they had any complaints or comments to make. They were aware they could raise complaints and concerns with the registered manager. Staff told us they would support people if they wanted to complain. One staff member said, "I would sit and talk with them [people], support them and report their concerns to the manager". The registered manager told us they had received two complaints in the last 12 months. We saw the provider's complaints procedure had been followed in dealing with, investigating and responding to these complaints. Copies of the provider's complaints procedure were displayed in the home's reception area and information was provided in 'welcome packs' when people moved to the home.

Is the service well-led?

Our findings

We found the registered manager had appropriately informed the local authority of one recent safeguarding concern within the home. However, this had not been reported to us as a statutory notification. The provider is legally obliged to send us statutory notifications of incidents, events or changes that happen within the service within a required timescale. We use this information to monitor trends and concerns. We spoke with the registered manager about this who told us they had not been aware we required safeguarding notifications. They confirmed they had spoken with the provider and would be sharing this information at the next management team meeting. This would ensure the provider and staff who had the responsibility to submit notifications were aware of their regulatory responsibilities. All other notifications had been submitted to us in a timely manner.

People and staff told us they saw the registered manager often around the home. One person said, "I know [registered manager] they come to see me". Staff told us they felt supported by the registered manager and found them approachable. One staff member said, "[Registered manager name] comes round often to ask if we are alright". Most staff were confident and clear about their roles. However, two staff we spoke with were not entirely clear on their own and other staff's roles and how these contributed to the service as a whole. They also did not feel they were part of the team. We found these staff were not aware of actions that had been agreed at a recent meeting. We asked the registered manager how they kept staff up to date on what happened and was agreed between staff and management. They told us if staff missed a meeting they were expected to read the minutes to keep themselves updated. Staff were confident to 'whistle blow' and report poor practice or any concerns they may have and they told us this would be addressed by management immediately. One staff member told us they were always happy to speak out as nothing positive would get done otherwise to improve things.

The registered manager had been in post for two years and was supported by the provider in their role. We saw the registered manager around the home talking with people throughout the day of our visit. They told us they often walked around the home where they had the opportunity to sit and talk with people and their families. They also were able to talk with staff and observe day to day practices. They told us this was a good opportunity for people, their families and staff to raise any concerns or make suggestions for improvements. One staff member said, "We work well as a team".

People spoke positively about the culture and atmosphere within the home. They told us they felt involved in what happened at the home and had regular meetings to discuss events and trips which staff arranged. They also had the opportunity to give suggestions and raise concerns they may have. Staff told us they worked for the benefit of the people they supported. One staff member said, "I love enabling residents to get the most out of their lives, as much as I can". Following the completion of a new home people will be moving in late 2016. They told us they knew about the move and some had seen the plans for the new home. One person said, "I'm going to move to a new home with my friends". Another person told us they would be going to see the new home before moving in. The registered manager told us they kept people, relatives and staff updated through meetings and told us they would be providing the next update soon on the progression of the new home.

Systems were in place for assessing, monitoring and reporting on the quality of service. In order to identify actions and make improvements where needed the registered manager completed regular audits on areas such as health and safety, medicines and care records. This information was used to keep the provider updated and involved in what happened in the home. The registered manager attended monthly manager meetings where managers from the provider's other homes met. They discussed new legislation, governance issues, new and updated policies and shared best practice. They also reviewed data from accidents and incidents to discuss any trends and learn from these. During our inspection we identified one issue with medicines where there was confusion amongst staff on where 'as needed' medicine should be recorded. The registered manager was able to show us that issues around this had previously been identified and actions were in progress to support staff with this.