Care Quality Commission

Crawfords Homes Limited

Crawford Care Home

Inspection report

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Date of inspection visit: 2 and 4 June 2015
Date of publication: 13/07/2015

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

Overall summary

The inspection took place on 2 and 4 June 2015 and was unannounced. At the inspection held in July 2014, compliance actions were set under Regulation 15 – Safety and suitability of premises and Regulation 10 – Assessing and monitoring the quality of service provision. These regulations relate to the requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Since April 2015, this legislation has been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was meeting requirements.

Crawford Care Home provides care and support for up to 11 people with a learning disability and/or other complex needs. At the time of our inspection, there were 11 people living at the service. Crawford Care Home is situated within a few minutes' walk of the esplanade at Bognor Regis and the town centre is easily accessible. The home is a Victorian terraced house with extensive accommodation and a small yard at the back where people can sit. All bedrooms are single occupancy and everyone has access to communal areas which comprise a sitting room, dining room and kitchen.

The service has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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.

Premises and equipment were managed to keep people safe. The premises have undergone recent redecoration and refurbishment. People knew what action to take in the event of an emergency and staff were trained in fire evacuation procedures. Risks to people were managed so that they were protected. Assessments provided information and guidance to staff on how to keep people safe whilst still protecting their independence. Staff had been trained in safeguarding and knew what action to take if they suspected people were at risk of harm. Staffing levels were sufficient and the service followed safe recruitment practices. Medicines were ordered, stored, administered and disposed of safely.

Staff were trained in all essential areas and had achieved at least a level 2 qualification in health and social care. They had regular supervision meetings with senior staff and annual appraisals. New staff underwent a comprehensive induction programme and shadowed experienced staff to understand how to deliver care and get to know people. Staff understood the requirements of the Mental Capacity Act 2005 and associated legislation under the Deprivation of Liberty Safeguards. They put what they had learned into practice. Physical restraint was not used with people, but staff had been trained in its use. Appropriate risk assessments in relation to this had been drawn up for people. People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to a range of healthcare professionals as needed.

Warm, friendly relationships had been developed between people and staff. People felt relaxed and happy in the company of staff and met with their keyworkers regularly to discuss all aspects of their care. They knew how to report a complaint. People's dignity and privacy were respected and staff worked with people to promote their independence.

Care plans provided detailed information about people which enabled staff to support them in line with their needs, preferences and choices. People were encouraged to participate in a range of activities which were either organised by the service or they could pursue activities of their choice. People had opportunities to access educational courses to help them to become more independent and build their self-confidence and self-esteem.

Audit systems were in place to measure the quality of care provided at the service. There was a separate audit for medicines management and another for care plans, all of which were fit for purpose. People were involved in developing the service and helped to interview new staff. Staff felt well supported by management who were always on hand when needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The service had undergone refurbishment and redecoration. Premises and equipment were maintained to keep people safe.

People were protected from the risk of abuse or harm. Risk assessments identified potential risks and provided guidance to staff. Staffing levels were sufficient. Safe recruitment practices were followed.

Medicines were managed appropriately.

Good

Is the service effective?
The service was effective.

People were supported to have sufficient to eat and drink and maintain a healthy lifestyle. They had access to healthcare professionals when needed.

Staff received a range of training relevant to their roles and had regular supervision meetings and annual appraisals.

Staff followed the requirements of the Mental Capacity Act 2005 and associated legislation under the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People were supported to express their views and were involved in all aspects of their care. They privacy and dignity were respected by staff.

Staff knew people well and genuine warm and friendly relationships had been developed.

Good

Is the service responsive?
The service was responsive.

People received care that was personalised to meet their needs and care records provided detailed information to staff on how they liked to be supported.

People could participate in a range of organised activities if they wished. Many chose to pursue their own interests independently.

People knew how to make a complaint and if they had any concerns, these were discussed with their keyworker. The provider had a complaints policy in place.

Good

Is the service well-led?
The service was well led.

People were involved in developing the service. They participated in interviews when new staff were recruited.

Quality assurance systems were in place to audit the quality of the care provided.

Good

Summary of findings

Staff spoke highly of the support they received from management, who operated an 'open door' policy.

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 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.

The inspection took place on 2 and 4 June 2015 and was unannounced. One inspector undertook this inspection.

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 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 four care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with four people using the service. Due to the nature of people's complex needs, we were not always able to ask direct questions. For some people, being asked questions by an inspector would have proved too distressing. We, did however, chat with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the deputy manager and two members of care staff.

This service was last inspected in July 2014 and found to be non-compliant in two areas.

Good

Is the service safe?

Our findings

As a result of our inspection in July 2014, a compliance action was set because people were not protected against the risk of sustaining injury due to inappropriate maintenance of the premises. People's safety and welfare had been put at risk. The provider sent us a plan which addressed these areas of concern and detailed what they would do to meet the regulation. At this inspection, we found that appropriate steps had been taken and the compliance action was met.

Premises and equipment were managed to keep people safe and one member of staff had lead responsibility for health and safety issues. He monitored the premises and ensured that any maintenance issues were brought to the attention of management, so that these could be dealt with. The provider had undertaken significant refurbishment and redecoration of the property since our last inspection. As we walked round the premises, we saw that communal areas were clean and tidy. Cleaning rotas were in place for staff and people, where they wished, could also lend a hand with cleaning and housekeeping tasks. Where needed, furniture had been replaced in people's bedrooms. Bedrooms had been redecorated in line with people's personal preferences and tastes. Waste was disposed of safely and the registered manager told us that bins were now stored away from the property on adjoining land. People had Personal Emergency Evacuation Plans (PEEPs) in place and knew what they needed to do and what action to take in an emergency. Staff were trained in fire evacuation procedures.

People were protected from abuse and harm. Staff knew what action to take if they suspected abuse was taking place and who to contact. All care staff had received safeguarding in adults at risk training. One member of care staff told us that if he suspected abuse was taking place, "I would go straight to the senior or manager on duty. If necessary, I would fill out a body map". He was able to name the different types of abuse such as verbal, financial, physical, sexual and neglect. Another member of staff said, "We always make sure people are well look after and cared for. If I saw something, I would report it straightaway to the manager or owner or safeguarding team".

Risks to individuals and the service were managed so that people were protected and their freedom was supported and respected. Care records showed that risk assessments had been drawn up for people in a range of areas such as mobility, diet and nutrition, smoking and going out in the community. People were involved in the assessment of risk that affected them and records confirmed that these had been discussed with them by care staff. The assessments provided information and guidance to staff on the nature of the risk, how this related to the individual and what action staff needed to take to prevent the risk or alleviate the consequences of the risk. People's risk assessments were also discussed and reviewed at staff meetings and staff would sign to say that they had read the risk assessments. Accidents and incidents were reported and records showed what action had been taken by staff in the event of an accident or incident and what had been learned as a result.

There were sufficient numbers of suitable staff to meet people's needs at all times. Staffing rotas confirmed that there were four care staff on duty in the morning and three in the afternoon, with one waking and one sleeping member of staff at night. The registered manager and deputy manager were also available to support people when needed. Staff could work flexibly between this location and at another of the provider's locations, so that any staffing shortfalls could be addressed and staffing levels were always adequate. The registered manager told us that she had no problem with recruiting new staff and that many staff had worked at Crawford Care Home for a number of years. The service followed safe recruitment practices. Staff files confirmed that two references were obtained prior to new staff commencing work and checks had been made through the Disclosure and Barring Service (DBS) which identified any criminal convictions. All appropriate steps had been taken to ensure that new staff were safe to work with adults at risk. Staff felt that staffing levels were sufficient to meet people's needs and one said, "Yes, we're all really good. Staff are very flexible, we work as a team".

People's medicines were managed safely. Medicines were ordered, stored, administered and disposed of safely. Only staff who had been trained in the administration of medicines were allowed to administer them to people. One member of staff had lead responsibility for auditing and managing medicines and she had completed a medicines master class through the local authority. She said, "I do the returns and repeat prescriptions and sign in the new medicines". Medication administration record (MAR) sheets showed that people had received their medicines as prescribed and staff had signed the MAR to confirm this.

Good

Is the service safe?

When asked what action they would take if people refused their medicines, one member of staff told us, "If they refused, I would let my senior know. I would try again later. If they still refused I would record this and inform the manager". No-one received their medicines covertly.

Medicines administration plans had been drawn up for people which detailed who administered their medicines. One plan stated that staff administered medicines to one person and then, 'However, I wish to start self-administering as part of my stepping stones to independence programme when I have more confidence'. The plan also stated, 'I have PRN medication which I can request if I feel anxious'. PRN is medicine that can be taken as needed. There was a policy in place for medicines administration. Where people took over the counter medicines or PRN, their GP was consulted to ensure that these did not conflict with their prescribed medicines. Medicines were audited every three months and records confirmed this.

Care staff were observed by more senior staff when they administered medicines through occasional spot checks. This ensured that they continued to follow good practice and administered medicines in line with what they had learned through training. Medicines were stored securely in a locked cabinet in the registered manager's office.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. All staff had achieved at least a level 2 in health and social care and were encouraged to progress to the next level. Staff had access to a variety of training programmes through specialist training organisations and to the local authority's learning gateway. Staff had received all essential training in safeguarding, mental capacity, moving and handling and food hygiene. Staff were up to date with their training and records confirmed this. New staff completed an induction programme which included information about new care legislation relating to health and social care.

New staff shadowed experienced staff to understand their role and get to know people. The deputy manager had introduced a system where she provided reminders and information to staff on various topics that related to good practice. For example, this month, when putting together supervision materials for each member of staff, she had included a reminder about the Mental Capacity Act (MCA) 2005 for staff to read and refresh their knowledge. One member of staff told us, "If new rules and regulations come in, then the manager will arrange a refresher course". He added that he was proud of the training he had completed saying, "I didn't really want to go to school. Working in care, it's just a sense of purpose. It's not a regular job, it's far more fulfilling".

Staff had annual appraisals and supervisions were undertaken on an 8 weekly cycle. Some staff had not received a supervision within the last eight weeks and this was acknowledged by the deputy manager. However, all staff had received at least two supervisions in the period from January to May. Team meetings were held at least six times a year and these provided staff with an opportunity for group supervision. Records confirmed this. One member of staff told us that meetings could be held more frequently and told us, "If there's an emergency, we can call a meeting anytime". Staff were also observed in delivery of personal care and how they related to people through spot checks. One member of staff said, "They do observe us, what we're doing, how we're doing it. Management are always on hand to help". Staff communicated with each other through a communication book and there were verbal handover meetings between shifts, so staff could discuss what had happened during their day (or night) shift.

Staff understood the requirements of the MCA and put what they had learned into practice. Staff demonstrated their understanding of the MCA. One said, "I assume they have capacity and can make decisions on their own, even if it's a bad decision. I ensure their rights and freedoms are respected". Another member of staff informed us, "You don't ever assume that people lack capacity. Even if a poor decision or choice, everyone here has capacity to make day to day decisions". She added that best interest meetings could be held if needed. Best interest meetings are where people, their relatives, staff and other professionals get together to make a decision on a person's behalf. The registered manager told us that best interest meetings had not been required, but if they were, then people could have access to an advocate who could represent their point of view. Capacity assessments had been undertaken for people and recorded in people's care records. Everyone living at the service had capacity to make day-to-day decisions and choices.

No-one living at the service was subject to a Deprivation of Liberty Safeguards (DoLS) and everyone was free to come and go as they wished. However, the registered manager was in the process of applying for DoLS for some people who were subject to continuous supervision and support and was seeking advice from the local authority on this. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Physical restraint was not used on people, but staff had been trained in the use of restraint and there was a physical restraint policy. This stated, 'De-escalation, where behaviours have escalated, there are de-escalation strategies in place and communicated to staff. These strategies should be used wherever possible, have been consulted and agreed with the person concerned'. The policy went on to state, 'Restrictive physical intervention may only be undertaken where there has been full planning and risk assessment, staff fully trained, with at least two staff present'. Care records showed that risk assessments had been completed for people. The registered manager told us that staff would use diverting tactics as a way of

Good

Is the service effective?

defusing tricky situations and would only call the police if absolutely necessary. She said, "We use humour and fun as a way of defusing situations. Staff know the triggers of people, we do something pro-active. It's about promoting choice and freedom". A member of care staff said, "We've got a good team here and use 'talk down' techniques. There's always someone here to support you or take over". There was a positive communication and behaviour support policy in place for people. This stated, 'Our aim is to support each person in the most positive ways possible. The staff are to be aware that the positive behaviour support approach is critical in preventing and responding to behaviours that challenge'.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People could choose what they wanted to eat and when they wanted to have their meals. The main meal of the day was served at lunchtime. On the day we inspected, people were eating cheese and bacon quiche and salad, but people could choose what they wanted which might not have been on the menu. One member of staff told us, "Menus are planned, but we go round every day and ask what they would like. Everyone has an input into the menu". Another member of staff said, "I like cooking. A lot of people to cook for. I always ask them before dinner, I always give them a choice". People confirmed to us that they helped to choose the menus and would assist staff with food shopping at a local supermarket. Menus were planned over a three weekly cycle. No-one living at the service was on a special diet. People liked to have a roast on a Sunday and sometimes fish on a Friday. People helped to prepare and cook meals in the kitchen and some people liked baking cakes. One person said she liked to go to a café occasionally and said, "I go to the café, it's only 50p for a cup of tea!" People's weights were regularly monitored, with their permission, to ensure they were maintaining a healthy weight.

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support. Where people had visited healthcare professionals, these visits were recorded in their care records, together with information about the reason for the visit and the outcomes. Care records confirmed that people had access to a range of professionals such as GP, dentist, chiropodist and optician. One person was due to visit the dentist on the day we inspected and was gently reassured by care staff that a filling was nothing to worry about.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One person told us, "I love the staff, they do a lot for me. They're good for me". We observed the cheerful chat and socialisation between staff and people at lunchtime. People appeared relaxed and happy to sit with their friends and with staff in the dining area. The atmosphere was warm and friendly, with people and staff enjoying the lunchtime experience as a family might. A member of staff said, "Everyone here is independent, but some people like company when they go out"; we observed that staff supported people in an unobtrusive way, but were always on hand if they appeared anxious or distressed. Staff knew people well, their likes and dislikes and their family histories. Care records also included this information. People could choose whether they wished to be cared for and supported by a male or female member of staff.

The service supported people to express their views and they were actively involved in making decisions about their care, treatment and support. Care records showed that people met with their keyworkers every week and discussed their care. Whilst not all care records had been signed by people to show they gave consent, it was noted when the keyworker had a verbal discussion. A member of staff referred to consent and said, "If I needed to help someone, I would go through every task before I do it". He went on to say, "If refused, I would try again later or ask someone else to try". We observed that staff continually consulted with people on their choices and preferences and acted in accordance with their wishes.

People's privacy and dignity were respected and promoted and they were encouraged to be as independent as possible. The registered manager said she tried to promote independence and said, "We try to encourage them to do as much as they can themselves". A member of staff told us, "I'm always polite, I never rush them. I always knock twice, if no answer, I put my head round to door to make sure they're ok". He added, "I give them a choice of what they want to do. You have to respect people's beliefs and wishes". Another member of care staff said she promoted independence by encouraging people to cook and said, "If people want to cook, we help them. It helps promote people's independence and makes them feel good knowing they can do things for themselves". Another example of promoting people's independence was with regard to people managing their own medicines. The registered manager told us that they were looking towards everyone, who had been assessed as capable, to self-medicate and there were plans to install secure medicine cabinets in people's rooms.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided information about people in a person-centred way and confirmed that people were involved in all aspects of their care. People had either signed their care plans or information explained to them verbally by their keyworker. Care plans were routinely reviewed and updated every six weeks by care staff or, as one member of care staff told us, "As soon as any changes occur". Where there were changes, care staff would communicate these to the rest of the team through the staff communication book. Care plans provided comprehensive information about people to care staff which enabled them to deliver care in a personalised way.

In care plans, people had a 'client behaviour management and support plan' which identified particular behaviours or concerns. The plan stated who might be affected by particular behaviours, when these might occur and what preventative steps staff should take with the person to try and avoid these behaviours. In one care plan, the person had a 'book of positives' which listed lots of positive things for or about the person. It stated, 'Think positive, be positive and positive things will happen'. The person was fully involved in planning their book.

People were supported to follow their interests and take part in social activities or educational opportunities. Staff at the service had looked at courses that would promote people's independence and had sourced educational courses about mental health and recovery which were designed to increase people's knowledge and skills and to promote self-management. Staff felt that as people's mental health recovered, so too did their self-esteem and self-confidence, with the hope that they would eventually be able to leave the service and live an independent life.

A weekly planner described activities that people could participate in if they wished. On the day of our inspection, people could help with the food shopping and visit a supermarket, join a 'DVD afternoon' or participate in a hair and beauty pamper afternoon. There were organised outings further afield such as an outing to Goodwood racetrack, a visit to Ford market or a picnic at Hotham Park. People could choose whether or not they wished to join in with organised activities. Many chose to pursue their own social life and were free to go out as they wished. One lady enjoyed crocheting, sewing and knitting and others liked making cakes, with the support of staff. Last year, several people chose to go on holiday to Swanage and stayed in caravans down in Dorset. People had chosen to have a 'house pet' and a brown, dwarf rabbit was purchased.

People's concerns and complaints were encouraged, explored and responded to in good time. There was information about how to make a complaint within people's care plans and the process was discussed with them by their keyworker. The complaints information stated, 'You can talk to [named registered manager] or get someone to talk to her for you. This can be a friend, relative, advocate or a member of staff. Or you can contact your social worker, community psychiatric nurse or local social services. Their contact details are in your care plan'. People had signed to confirm that they had read and understood this information. The complaints policy stated that all complaints were acknowledged within two working days and resolved within 28 working days. Only one formal complaint had been recorded in the last year. This was dealt with promptly by the registered manager to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

As a result of our inspection in July 2014, a compliance action was set because the provider did not have effective systems in place to assess and monitor the quality of service provision to ensure that people were protected against the risk of inappropriate care. The provider sent us a plan which addressed these areas of concern and detailed what they would do to meet the regulation. At this inspection, we found that appropriate steps had been taken and the compliance action was met.

The registered manager completed a quality assurance report on a monthly basis. This included information relating to people's views, any visitors' comments, holidays and outings, premises, maintenance and complaints. Where actions had been identified, these were reviewed at the next monthly audit to check whether the appropriate action had been taken. There was no overall audit of accidents and incidents, however, where these had occurred, relevant action had been taken and risk assessments updated as needed. The directors visited the service every week and, from our observations, knew people living at the service very well. Medicines audits were undertaken separately and records confirmed these were fit for purpose. Care plans were audited by the deputy manager.

People were actively involved in developing the service. When new staff were interviewed, people helped to decide what questions to ask and were involved in the interview itself. There were also opportunities for potential new staff to meet with people and have a coffee in the lounge. This gave management a useful insight into how they interacted with people and whether they were empathic to their needs. Formal residents' meetings did not take place as these had been tried in the past and were not effective. However, people met with their keyworkers on a 1:1 basis and would share their views during these meetings. People could discuss anything with their keyworker such as personal issues and concerns, menu choices, activities and holiday plans. Questionnaires were also sent out to ask people what they thought about different aspects of the home. Results were positive.

Staff knew and understood what was expected of them. There was a whistleblowing policy in place. One member of care staff said that if he had any concerns he would put these in writing and said, "I would send it to my manager or I would contact the owner or contact CQC". There was no formal method of obtaining the views of staff, but if anyone wanted to raise an issue anonymously, they could do this at team meetings. All staff were given a blank piece of paper on which they could record any issues and these were collected anonymously in a comments box. Any concerns or issues were discussed and addressed before the whole staff team, thus protecting people's privacy.

The service promoted an open door policy and we observed that management were always available for people and staff. A member of care staff confirmed she felt supported by the registered manager and said, "I've never worked at a home where the management are so dedicated to their job. I can go to them with any personal problems; they're very good". She added, "I love this job. I've learned a lot. I follow in the footsteps of the manager because their way is so effective".

The registered manager described the culture of the service and said, "We try to make it as much of a family home as possible. We try to explain that everyone's here for a reason and support everyone".