

Crown46 Company Ltd

Crown46 Client Care

Inspection report

71 Warren Avenue
South Croydon
CR2 8HZ

Date of inspection visit:
02 February 2023
03 February 2023

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23 February 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Crown46 Client Care is a domiciliary care agency providing personal care support to people in their own homes. At the time of our inspection they were supporting one older person with their personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe care that met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff spoke with people and involved them in the assessment and development of their care and support plans. Where required, staff were able to support people with their medicines, meals and healthcare needs.

People received kind and compassionate care, that respected their privacy and dignity. Staff enabled people to remain as independent as possible. Staff were respectful of people's individual differences and any support needs they had regarding their culture, heritage and religious preferences.

People were supported by staff that had the knowledge and skills to undertake their duties. Staff completed a programme of training to ensure they stayed up to date with best practice. Continuous recruitment was in place to ensure suitable staff were employed to support any expansion of the business.

There was a comprehensive system in place to support review of the quality and safety of care delivery. This included monitoring the completion of care records, staffing requirements and obtaining feedback from people about their experiences of care.

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

Rating at last inspection

This service was registered with us on 1 April 2022 and this is the first inspection.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crown46 Client Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave a short period of notice of this inspection and explained what was involved under the new methodology.

Inspection activity started on 2 February and ended on 3 February 2023.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 16 December 2022 to help plan the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and received feedback from the person receiving care. We viewed records relating to the person's care, staff recruitment, staff training and the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People received safe practice which maintained their health and welfare. The registered manager had assessed the risks to the person receiving care and there were plans in place to support the person to minimise those risks and keep themselves safe and well.

Staffing and recruitment

- Safe recruitment practices were in place to ensure suitable staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- At the time of our inspection the registered manager was providing hands on care to the person receiving support. In addition, they had care staff recruited and were in the process of recruiting additional care workers so they had sufficient numbers of staff should they start providing additional care packages.

Using medicines safely

- At the time of our inspection the person using the service did not require support with any medicines. However, the provider had safe systems and processes in place should people require this support and staff had received appropriate training.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems and processes in place to report, record and investigate any incidents so they could be learned from.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care from staff who had the required training to ensure their knowledge and skills stayed up to date with best practice.
- The provider had a system in place which enabled new staff to complete mandatory training and receive regular support and supervision.

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

- The registered manager, in discussion with the person, assessed their care and support needs. People's care plans clearly identified these needs and how the person was to be supported.

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

- The registered manager supported the person to have meals in line with their choices. They were aware of any dietary requirements they had and provided support in line with those.

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

- At the time of our inspection the person did not require any support to access healthcare services. However, the registered manager told us they were available to provide that support should it be required. They had details of the person's GP and were aware of how to obtain medical attention if the person was unwell.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager adhered to the MCA. They supported the person in line with their wishes and choices.
- The registered manager was aware of how to support a person safely and in line with the MCA if they had concerns a person did not have the capacity to consent to their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. Feedback received by people during the monitoring activity in December 2022 included, "I am extremely comfortable with my care provider that have been providing me with care for years and still going. I have no problems with them."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.

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

- People were fully involved in their care. They were involved in the care planning process and how support was provided.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, including cultural or religious preferences.
- The service user guide included information about local advocacy services should people wish to have that additional support to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and prompted. A person told us, "They respect my privacy and dignity."
- Staff enabled people to be as independent as possible and do what they could for themselves. A person said staff support their independence, "By allowing me to help myself when I can."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that met their needs.
- An electronic care records system was in place which captured information about people's support needs and how they wished this support to be delivered.
- Feedback received by people during the monitoring activity in December 2022 included, "[The staff] were incredibly helpful, patient and empathetic. We were not the easiest of clients as we had to keep changing our requirements but they took all of our changes in their stride and responded quickly."

Meeting people's communication needs

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

- Staff were aware of people's communication needs and ensured they provided information in a way people understood.

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

- Staff were able to provide any support required with social activities. Information was included in people's records about their interests and hobbies, and how they liked to spend their time. This included information about their religion and if they needed any support to visit places of worship.

Improving care quality in response to complaints or concerns

- At the time of our inspection no complaints had been received. Information about the complaints process was included in the service user guide and gave people information about how to make a complaint and how to escalate their concerns should they be unsatisfied with how their complaint had been handled.

End of life care and support

- At the time of our inspection nobody required end of life support. However, the registered manager had training and experience in supporting people towards the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were systems in place to review the quality of care delivery. At the time of our inspection, some of these systems were not in use as the registered manager was also the care provider. Nevertheless, there were systems in place to ensure continuous review of the quality and safety of care as and when the service grew and supported more people.
- The system enabled the registered manager to schedule calls to ensure people receive care from a consistent staff member, and monitor attendance of calls to ensure staff turned up on time and stayed the required length of time.
- The system also enabled the registered manager to remotely monitor the quality of care. The system required staff to record what support was provided and alerted the registered manager if the support was not in line with people's support plan.
- The registered manager had planned for a regular programme of spot checks, supervision and meetings to regularly review the quality of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in service delivery. A person told us, "[The registered manager] ensures that I am happy with the service they provide... I do recommend this company to others." They were asked to routinely provide feedback about their experiences through the completion of satisfaction surveys and regular phone calls. The registered manager also had plans to ask people for their feedback during spot checks.

Working in partnership with others

- The registered manager had built relationships with other care providers to build a peer support network and was beginning to build links with the local authority through attendance at forums.
- The registered manager had also explored support options available through Skills for Care.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

