

Crimson Hill Support Ltd

Crimson Hill Support Limited

Inspection report

The Bungalow

The Elms

Curry Rival

Taunton

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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 

Overall summary

This inspection was unannounced and took place on 25, 28 and 30 September 2015. The inspection was carried out by one inspector. The last inspection of the service was carried out on 12 September 2013. No concerns were identified with the care being provided to one person at that inspection.

The Bungalow is a care home for one person. It is registered to provide accommodation and personal care for one person with autism and complex support needs. The property has been specially adapted to suit their

needs. The provider also runs a personal care agency known as Crimson Hill Support which is separately registered. The inspection of The Bungalow was carried out at the same time and in conjunction with the inspection of the personal care agency known as Crimson Hill Support.

Two directors make up the provider Crimson Hill Support Limited. At the time of this inspection one of the directors was the registered manager of the service. However, they have recently promoted a senior member of their

Summary of findings

management team to the post of manager for The Bungalow. The new manager planned to submit an application to register as soon as possible. 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.

The person who used the service had been involved and consulted in drawing up and agreeing a plan of their care and support needs as far as they were able. A close member of their family had also been consulted. The care plan was detailed and set out the goals the person had identified that would help them gain greater independence. Risks to their health and safety had been assessed and there were detailed measures in place to reduce the risks where possible.

There were enough staff to meet the person's complex needs and to care for them safely. Some of the staff and management team who regularly worked at The Bungalow also carried out shifts for the personal care agency. This meant there was a large team of staff the provider could choose from when selecting suitable staff to work at The Bungalow.

The person was protected from the risk of abuse and avoidable harm through appropriate policies, procedures and staff training. Staff received relevant training to effectively support the person's mental and physical health needs.

The provider worked closely with health and social care professionals to ensure the person received a support package that was tailored to meet their individual needs.

A health professional told us, "The current home manager presents as very competent and professional, and the organisation appear to have developed a relatively good reputation." They said they received prompt replies to any communication with the manager, including requests for information, or suggestions for care plan updates.

Medicines were administered safely by staff who had been trained and were competent.

Staff understood the things the person enjoyed doing each day. They knew the person's preferred daily routines, the activities they wanted to do and the places they wanted to go to. Staff also supported the person to introduce new activities and outings. These were carefully planned and any associated risks were assessed and actions taken where possible to minimise the risks. .

Staff supported and encouraged the person to maintain good health and well being and choose from a variety of healthy and nutritious foods. Staff from the service supported the person to attend hospital and community appointments when needed.

The provider had a range of monitoring systems in place to ensure the service ran smoothly and to identify where improvements were needed. Action plans were in place to show how improvements would be addressed. Regular staff meetings were held and staff told us they could speak out in these meetings and that any issues would be listened to and acted upon as part of ongoing improvement. The person's relative confirmed they were fully involved and consulted about the care and services provided. They were confident they could raise any concerns or complaints and these would be listened to and acted on satisfactorily.

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 person was protected from abuse and avoidable harm by robust policies and procedures. Staff were carefully recruited and trained to minimise the risks of abuse or harm.

Risks were identified and managed in ways that enabled the person to lead a fulfilling life and remain safe.

There were sufficient numbers of suitably trained staff to meet the person's individual needs.

Good



Is the service effective?

The service was effective.

The person was supported to live their life in a way that enabled them to have an improved quality of life.

The person received effective care and support from staff who had been trained to meet all aspects of their support needs.

The service acted in line with current legislation and guidance relating to consent and capacity. They had gained the correct legal authorisation that enabled them to make best interest decisions on behalf of the person about important matters affecting their care or treatment.

Good



Is the service caring?

The service was caring. The person was treated with kindness, dignity and respect. The staff and management were caring and considerate.

Staff understood the things that were important to the person, how to communicate with them, and their choices and preferences.

The person was supported to maintain family relationships and to avoid social isolation.

Good



Is the service responsive?

The service was responsive and able to adapt promptly to the person's changing needs.

The person and their relative were involved in drawing up and reviewing a plan of their support needs.

Staff supported the person to express their views and took actions where necessary to make sure their wishes and requests were addressed.

Good



Is the service well-led?

The service was well led. The service promoted an open and caring culture centred on the person's individual needs.

The person was supported by a motivated and dedicated team of management and staff.

Good



Summary of findings

The provider's quality assurance systems were effective in maintaining and driving service improvements.

Crimson Hill Support Limited

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 25, 28 and 30 September 2015. The first visit was unannounced. It was carried out by an adult social care inspector. During our first visit on 25 September 2015 the person said they did not want us to stay. Therefore we agree to visit the service again on 30 September 2015 when the person agreed to let us sit with them during an activities session. We spoke briefly with the person but due to their complex needs and limited communication skills they were unable to answer any questions about the services and support they received. Therefore we relied on our observations of their interactions with staff.

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. We looked at the information in the PIR and also looked at other information we held about the service

before the inspection visit. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During our inspection we spoke with two providers (one of whom was also the registered manager) and also the recently appointed new manager. We met or spoke on the telephone with 20 staff including six staff who talked with us specifically about their work at The Bungalow. We spoke with one relative on the telephone and we had e mail contact with one health professional. This helped us gain a judgement about the service. We looked at the care records and observed the person being supported by staff during our visits.

Some of the records relevant to the running of the care home were kept at the provider's head office in North Petherton, Somerset. The inspection of The Bungalow was carried out at the same time, and in conjunction with, the inspection of the personal care agency known as Crimson Hill Support. (The report on the personal care agency has been drawn up separately) We visited the head office over three days to look at records held there which included staff recruitment files and training records and performance monitoring reports. We also looked at medication records, and records of money held by the service on behalf of the person who lived at The Bungalow.

Is the service safe?

Our findings

The provider had taken care to make sure every aspect of safety had been considered and addressed. The person was supported by sufficient numbers of staff who had the experience, training and competence to meet their needs safely. There were at least two staff providing care at all times of the day. Staff had been carefully selected from the staff team who worked for another registered service operated by the provider also known as Crimson Hill Support. These staff had not been allowed to provide care for the person until the provider was satisfied they had the right skills and knowledge to meet the person's needs.

Recruitment procedures ensured the risk of abuse from inappropriate staff was reduced. Staff recruitment records contained evidence to show that new staff did not begin working with the person until checks had been carried out and references taken up. This included checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal history and their suitability to work with vulnerable people. People are not allowed to start work until the checks have been cleared. Evidence of DBS checks were in place for all staff. All staff received training on how to recognise and report abuse.

Staff we spoke with had a clear understanding of what might constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us they had raised a concern in the past and the providers had listened, taken the matter seriously, and they were confident the issues were dealt with satisfactorily. A relative told us they were satisfied the person was safe. They said they would not hesitate to speak with the provider if they had any concerns.

Risks to the person, and to people around them, had been carefully assessed and there were detailed plans in place setting out the actions to be taken to minimise the risks. The assessments covered all aspects of the person's physical and mental health and personal care needs. They

also outlined the measures in place to enable the person to safely take part in activities both inside and outside the home. These had been reviewed every month. Staff told us these were effective and had resulted in the person, staff and visitors feeling safe and happy. The provider told us they had an active system of incident reporting that enabled them to identify any potential situations of abuse or harm.

A health professional described the accommodation and care provided by Crimson Hill Support Ltd as "beneficial" and told us the person had become happier and calmer since moving to The Bungalow. They told us "The service user's care plan is very comprehensive in terms of including the essential components of a behaviour support plan. For example, describing any challenging behaviour, early warning signs, triggers, function, etc. ...and evidence of proactive and reactive planning." They also told us "the care plan is very explicit in terms of how to minimise the occurrence of self-harm, and the team have liaised well with community and acute health services when medical attention/physical health checks have been required."

A relative told us they had increasing concerns about the person's health and possible pain or distress that may indicate further health problems. They described how the staff had involvement with health professionals and there were plans for tests to be carried out in the near future to identify the possible causes.

Medicines were stored and administered safely. Medicine administration records had been completed for each medicine administered by staff. There were no unexplained gaps in the records. Checks were carried out each day to make sure all medicines had been correctly administered. They also checked to ensure the correct amounts of medicines were remaining in the home. Staff had been trained to administer medicines safely and their competency had been checked. There was clear information in the support plan about the medicines prescribed and staff understood what the medicines were for and how they should be administered. This included pain relief.

Is the service effective?

Our findings

The staff had a range of strategies in place to help the person achieve a more fulfilling life. For example, the person did not like changes in their routine, including new staff or visits from people they did not know. On the first day of our visit the person asked us to leave. To prepare the person for our second visit staff used a 'story board' to help them understand the reason for our visit and agree how our visit should take place. The staff told us they had found the use of the story board had been very effective in helping the person cope with change and had reduced their levels of anxiety.

The person received effective care and support from a consistent team of staff who had the skills and knowledge to meet the person's needs. New staff received induction training lasting three weeks at the start of their employment. This included an introduction to the company as a whole, safeguarding vulnerable children and adults, roles and responsibilities, principles of support, all required health and safety topics and a range of topics including epilepsy, autism and stepping stones to support and communication. They also received two days training on behaviour that could be challenging for staff including physical intervention and de-escalation. This training is also known as Management of Actual or Potential Aggression (MAPA) and is accredited by British Institute of Learning Disabilities (BILD). This is a nationally accredited breakaway/physical intervention approach which is safe and non harmful.

Staff were encouraged to complete a range of training within their first six months of probationary employment leading to a qualification known as a Technical Certificate. They were then encouraged to complete a Diploma in health and social care either at level 2 or 3. This training gave staff the basic skills to care for people safely. All new staff will be undertaking the Care Certificate from October 2015. The Care Certificate is a nationally recognised qualification for all staff working in a care setting.

Each year staff were required to complete updates on all essential health and safety related topics, and also any topics such as behaviour and physical intervention that were relevant to the people they supported. Training was delivered in a variety of ways, including 'in house' classroom based training, external courses, workbooks, DVDs, and computer courses. This meant staff received

training in a range of methods to suit their learning styles. The provider employed a training manager whose role was both to deliver training and also ensure each member of staff received training and updates to meet their individual learning needs. Training was also delivered by team leaders with skills and expertise in specific topics. Staff were supported by the training manager and team leaders to gain relevant qualifications such as diplomas. Senior staff and team leaders were encouraged to gain higher levels of qualifications, such as level 5 diploma for team leaders.

The training manager explained how they made sure all staff were kept up-to-date with current best practice. All senior staff who provided training had to undertake refresher training on a periodic basis to make sure their knowledge was up-to-date. The registered manager/provider had undertaken degree level courses on various relevant topics. They subscribed to relevant publications and magazines and copies were available for all staff to read. They also used local colleges and reputable training organisations for external training courses and the provider and senior staff attended meetings and events organised by health and social care professionals where they were kept updated with current legislation and good practice.

The training manager told us "[The providers] have invested in a number of resources to support my role as training manager to deliver the new care certificate as smoothly as possible whilst introducing new methods of delivery and new training content." They told us the company had recently invested in computer equipment to aid staff learning. They also said "[The providers] recognise the need to invest in their staff."

Staff confirmed the level of training they received was of a high standard and provided them with the skills they needed to support people effectively. Staff followed current recommended procedures to ensure the person was restrained safely and without pain or risk of harm. The person's relative was confident the person was restrained only as a last resort when it was necessary to prevent harm to themselves or others.

Comments from staff included "The training is of a really, really high standard, especially MAPA", "The training is in-depth", "Without the training I would feel quite lost", and "The training is relevant and good quality". Staff told us new training and procedures were based on prevention of aggression with the focus being on how to help them to

Is the service effective?

understand how the person was feeling. A health professional told us “All staff are trained in a BILD (British Institute of Learning Disabilities) accredited breakaway/physical intervention approach.”

Staff received regular supervision on a one to one basis and they were able to speak with one of the management at any time for advice or support. Regular staff meetings were held. Staff told us they felt very well supported. Comments included “I am very well supported – much better than the previous company I worked for”, “We get good support. [A team leader] has been fantastic”, “[The provider] is a very good boss, very approachable, gives good advice,” “[The providers] are very approachable – more like family. They are really good – [the provider] is the first to help.” A team leader told us “We take a person-centred approach to our staff. We care about our staff.”

The person’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. On our first visit we arrived just as the person was about to have breakfast. We saw the person had chosen what they wanted to eat and drink. If the person changed their mind when food or drinks were offered staff offered an alternative immediately. Menus were drawn up at the start of each week and provided a varied and balanced diet based on the staff team’s knowledge of foods the person liked and was able to eat safely. These offered a choice of two main meals each day. For example, on the first day of our visit the main meals options were fish or chicken burger with vegetables. The staff told us if the person did not want either of these options there was always a good stock of alternative foods they could offer. When snacks were offered, such as sandwiches, they always offered alternative fillings.

During our visits staff offered the person choices about their preferred daily activities. They sought the person’s agreement and consent before staff assisted them with any tasks. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

A Deprivation of Liberty Safeguards (DoLS) agreement was in place for the person. The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

A health professional told us careful consideration had been given to the design of the bungalow to allow staff to withdraw as quickly and safely as possible when risk of harm to others was indicated. External and internal doors were locked using electronic locks that could be opened by a key fob. All staff and visitors were given key fobs to enable them to move to another part of the building safely if necessary. A relative told us they were very satisfied with the design and security of the building. They were confident the design of the building meant the person was safe.

Is the service caring?

Our findings

The person was supported by staff who were caring, calm and empathic. A member of staff told us “It’s fantastic here.” They described the team of staff who regularly worked with the person and said they all knew the person well and understood exactly how they wanted to be supported. They told us “All staff have an emotional involvement with [the person].”

Staff had introduced a ‘feelings’ board, an ‘activities’ board and a digital clock to help the person express their feelings and identify the things they wanted to do. The staff recognised the importance of helping the person to communicate and understand some of the things that upset them. They also found these tools helped the person plan things and understand how long they might have to wait before an activity or event. The tools had successfully helped the person introduce positive new experiences in their life as well as cope with things they found stressful.

The staff were able to describe all aspects of the person’s needs, their personality, likes and dislikes. During our visit they offered the person lots of praise and encouragement. They recognised the person’s skills and talents and the things they enjoyed doing. We saw them offering choices such as “Would you like to...”, “What would you like?” or “Shall I show you...?” They waited for a response. If the person said “No” they respected the person’s wishes.

The person was supported to keep in touch with their family. Relatives were able to visit at any time and also kept in touch by text messages. A relative told us staff contacted them regularly and told them about any changes affecting the person. They said “[The team leader] is really good – she will phone me in the evening when she knows I am at home.” The relative also told us they were satisfied the staff were caring and always listened to the person. They told us it was very important that staff understood and respected the person’s wishes. Care had to be provided “[The person’s] way or no way.”

A health professional told us they were confident the staff were caring. They told us “I am aware the staff are in regular contact with the service user’s relative, and appear to be very responsive in terms of updating them and providing emotional support “.

The person’s privacy was respected and all personal care was provided in private. When we arrived on the first day of our inspection the person was having a bath. The staff took care to ensure the person’s privacy was respected while we were there.

The person was supported to express their views about their care. Their care needs were reviewed on a regular basis which enabled them to make comments on the care they received. Their wishes were respected wherever possible.

Is the service responsive?

Our findings

The provider told us they had carefully designed the service before they began providing care for the person. They had liaised with all the relevant health and social care professionals to ensure the needs of the person were met. The physical environment was designed to provide a balance between keeping the individual and staff safe, and providing a homely place for the person to live.

The person's support plan was detailed, easy to read, and covered every aspect of the person's life including their personal and medical history. The person and key members of their family had actively contributed towards the support plan. The plan set out clearly why it was important to the person that staff understood their preferred daily routine, likes and dislikes, things that made them anxious, and how to communicate with them to help reduce any anxiety. The plans explained in detail how to recognise the signs of illness or anxiety and how to support the person in a range of situations that might be stressful. The plans were reviewed regularly and the person and important people in their life were also involved and consulted. A health professional told us "The current manager presents as very reliable, for example prompt replies to communication, requests for information, suggestions for care plan updates, etc."

Staff were able to adapt quickly to any changes in the person's support needs. They could request additional support from the provider, senior staff team or other members of staff at any time. There was a 24 hour 'on-call' service staff could ring if required.

The person was able to take part in a range of activities according to their interests. On our second visit the staff were sitting with the person doing arts and crafts. They drew pictures and made banners which were displayed around the bungalow. The person chose what pictures they wanted to display and those they wanted to take down. There was a large supply of arts and crafts equipment including paper, paints, pens, glitter, and pompons. We also saw games and activities around the home including Lego and staff told us about the games the person particularly enjoyed.

The person liked going out for drives each day, and staff told us about some of the places the person particularly enjoyed, including trips to the Quantocks, the beach and to Longleat safari park and stately home. The person also liked occasional trips to a fast food restaurant for a 'drive through' meal. Staff also told us about new activities they were planning to introduce such as fruit picking. They used picture cards to help the person choose the things they wanted to do. A health professional told us "There is evidence of positive risk taking, in terms of the level and type of community access the service user is supported to have."

A relative told us they were confident they could raise a complaint at any time and the provider would listen and address their concerns.

Is the service well-led?

Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The provider told us they were able to have significant contact with senior managers and staff. They said “We believe that it is really important that staff should feel they are supported by the management when it is necessary. We do our best to put this into practice at all times.”

One of the directors/providers was also the registered manager. However, since The Bungalow was first registered as a care home they had gradually taken on a greater role in other parts of the organisation and less time managing The Bungalow. A senior member of staff who had a good knowledge of the person who lives at The Bungalow had recently been appointed as manager of the service. They planned to submit an application to register with CQC as soon as possible. A health professional told us “The current Home Manager presents as very competent and professional, and the organisation appear to have developed a relatively good reputation.”

Staff told us they were well supported by senior support workers, team leaders and the providers through regular supervision sessions and through informal support systems. Comments included “It’s a tight team. We all get on well together. [A member of the senior staff team] is a good team leader. [The provider] is a good boss – very approachable. She gives good advice.” The provider sent out regular newsletters to staff to keep them informed and involved in the running of the service.

The provider had a clear vision for the service. They told us “We try to have a ‘can do’ culture”. They said that as part of the person-centred approach they worked closely with other agencies and professionals. They had a range of checks and audits that helped them to understand how the person was feeling and any changes they needed to make to the service. Their vision and values were communicated

to staff through staff meetings and formal one to one supervisions. They also supported and encouraged staff to feel part of a valued team by arranging staff parties and events.

One member of staff who had worked for the provider since they began the service told us “It’s been fun to be part of an evolving company. I feel I have been able to help develop the company.” They said they shared the same ethos as the providers and described how their focus was on providing person-centred care. “We are committed to giving people the support they need. It’s a good organisation.”

There were effective quality assurance systems in place to monitor care and plan how improvements would be made. There were audits and checks in place to monitor the safety and quality of care. We saw that where shortfalls in the service had been identified actions had been taken to improve practice. The provider carried out a range of checks to make sure the service was running smoothly, including checks on staff supervision frequency, spot checks and reviews on the individual support package, and checks on daily reports and medicine administrations records returned to the office. We saw action plans had been drawn up after staff meetings. These clearly recorded how improvements would be achieved. All accidents and incidents which occurred in the home were recorded and analysed.

The provider kept their skills and knowledge up to date by on-going training, attending courses and meetings, and by reading. They had a range of relevant qualifications, training and experience. This helped them to understand how staff felt when working in volatile environments. It also ensured they had the skills to manage staff effectively and to ensure their skills were utilised and the areas where they needed support highlighted.

The provider has notified the CQC of all significant events which have occurred in line with their legal responsibilities.