Cristal Care Limited

The Pleasance

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 9 April 2018 and was unannounced. This means prior to the inspection people were not aware we were inspecting the service on that day.

The Pleasance is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Pleasance has five houses on one site and provides accommodation and care for up to 15 people with learning disabilities or autistic spectrum disorders. At the time of the inspection there were 12 people living at the home, with three people on home leave.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

There was a registered manager in place for the service. A registered manager is a person who has registered with CQC 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.

Our last inspection at The Pleasance took place in February 2016. The home was rated as Good. At this inspection we found the service remained overall 'Good' but the well led domain had deteriorated to 'Requires Improvement'.

People told us they felt safe living at the home.

The registered provider had systems in place to manage risks and safeguarding matters. However, there were gaps in this system. The risk to one person had not been fully thought out and an incident which should have been reported to the safeguarding authority had not been. However other action had been taken to safeguard the person.

We found staff received training in the safeguarding of vulnerable adults and staff spoken with understood their responsibilities in this area. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

We found accidents and incidents were recorded appropriately. However, the registered manager did not have an established system in place to learn from them, so they were less likely to happen again.

Records for the administration of medicines were not fully completed by staff. In the main medicines were safely stored, however, the storage of controlled drugs did not comply with the 'Safe custody regulations 1973.'

There were appropriate numbers of staff employed to meet people's needs and provide a personalised service.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
Staff were receiving regular training and supervision so they were skilled and competent to carry out their role.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

People living at The Pleasance and their relatives told us staff were caring. We saw people had their privacy and dignity respected.

We saw and heard positive interactions between people and staff throughout the inspection. Staff clearly knew people well and provided a personalised service.

Support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

People commented positively about the support and friendliness of the managers and were complimentary of the staff.

Audits and quality assessments were not wholly effective in identifying shortfalls within the service and records were not always complete.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service was not always well led.	**Requires Improvement**

The Pleasance

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 was a comprehensive inspection, which took place on 9 April 2018 and was unannounced which meant the registered provider did not know we were coming.

The inspection was undertaken by two adult social care inspectors and an expert by experience, with expertise in the care of people with learning disabilities and mental health needs. An expert by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with six people who used the service, five of their relatives, the registered manager, the deputy manager, and staff members including a senior support worker and support workers.

We looked at four care plans, four staff files and records associated with the monitoring of the service, including audits, maintenance records and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living in this service. Their comments included, "I am safe here yes. I've only been here for two weeks but I find the staff are easy to talk to" and "Yes, I feel that I am safe living here. I get my medication each day at pretty much the same time."

Relatives told us, "The Staff are lovely. [Family member] is well looked after here, and safe, which is the most important thing," "Yes, we feel [name] is safe. The Staff are always helpful and do seem to know their jobs" and "Yes [name] is safe most of the time. I do feel [name] is supported, but sometimes there hasn't been a cohesive view of how they should be cared for from all the staff. They wouldn't be in this care situation if they didn't have very high needs and sometimes I don't think all the staff are singing from the same hymn sheet in some aspects of how their care should be."

All staff had received up to date safeguarding and whistleblowing training and had a good understanding of the procedures to follow if they had any concerns. In the main staff had taken all appropriate action to safeguard people from harm or abuse but we found one incident which should have been reported to the safeguarding authority and staff had not done this. However, staff had taken other action to make sure the person was safe and that their wellbeing was promoted. The registered manager told us they would meet with the staff to reiterate the importance of making sure incidents of this type were reported to the safeguarding authority.

We found accidents and incidents were recorded appropriately. However, the registered manager did not have an established system in place to learn from them, so they were less likely to happen again. This would help the service to continually improve and develop. The registered manager told us in January 2018 they had introduced a system of checks which would help them to learn and reduce the likelihood of accidents and incidents reoccurring. The registered manager had also completed the IOSH (Institution of Occupational Safety and Health) Managing Safely course and was reviewing all processes in line with the recommendations. They planned to introduce an updated risk management policy and procedure and review all risk assessments to clearly show the link between consequence and likelihood of harm occurring and the ways this could be reduced by effective risk control.

Not all risks to people had been sufficiently managed. We found that three out of the four risks assessments we looked at had been reviewed and were suitable and sufficient, however we found one person with epilepsy had a risk assessment in place that did not identify all of the hazards. For example there was no consideration to the person having seizures at night, or the control measures needed to reduce this risk. The registered manager acknowledged this had been overlooked but confirmed to us that the risk assessment was still current as the person's needs had not changed. The registered manager confirmed to us that all risk assessments would be reviewed to ensure they were up to date and then dated and signed to confirm a review had been completed.

The staff supported some people to take their medicines. Staff only administered medicines after they had received proper training and been assessed as competent.

People could choose where they wished their medicines to be kept. Some people chose to keep them safely locked away in their own bedroom. Others preferred their medicines to be kept in a lockable cupboard within their house. Medicines were very well organised and there was a good system in place to ensure people did not run out of their medicine and that medicines no longer needed were returned to the pharmacy.

We looked at the medication administration records (MAR) and found these had been signed for when administered. However, the registered provider's medicine policy required two staff to sign when medicines were given. We found there were occasions when only one staff member had signed for medicines. A number of controlled drugs which had been administered were also only signed by one member of staff.

Senior staff undertook audit checks to make sure medicines were managed safely and according to the policies in place. However, recent audits had not identified the issues found on the day of the inspection.

At feedback these issues were raised with the registered manager who confirmed they would address these concerns immediately. Following the inspection we received confirmation that these concerns had been addressed with the staff that had responsibility for the safe management of medicines.

There were clear protocols for staff to follow when people were prescribed 'as and when' medicines, known as PRN medicines.

On the day of the Inspection, we observed people's requests for assistance were dealt with promptly. Some houses had more members of staff than others, depending on the needs of individuals. We saw people were not kept waiting for any length of time for staff to assist where necessary. People told us there were always enough staff in the houses so that their care and support needs could be met in a timely way.

We found the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. We found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records. The registered provider had a system in place to ensure such things as electrical installations, legionella and gas safety were checked at the required intervals.

Good

Is the service effective?

Our findings

We spoke with one person who told us they had recently moved in. They said they felt that there had been plenty of involvement and inclusion in the decision to move there and they had visited the property on a few occasions prior to deciding it was suitable. They said "I like living here, so far so good."

People told us they received a varied diet in line with their individual preferences. Their comments included, "I enjoy my food and I pretty much can eat what I want. I burn off a lot with the work we do here on the grounds," "Staff have taken me shopping and helped me in lots of ways. I buy the food that I like and I am helped to shop for the right foods too," "The Staff do try to persuade me to eat healthy and buy fruit and low fat meals, but I like burgers and junk food and that's my choice" and "I think the staff are well trained. I eat the food that I like, I have no special diet. I like food and I have different choices of what I want each day."

Relatives told us, "My [family member] is helped to eat the right things, and not to drink too much coke or eat too many crisps and things like that," "Dietary wise, some staff assist [name] with cooking. [Name] is on weightwatchers as they put weight on due to medicines, but they've done well with support to lose it again. [Name] is very careful about what they eat now" and "[Name's] weight is constant and has remained so for a long time which tells us they are treating them well, not overfeeding them and they get the food they like. We check the fridge and freezer when we visit to make sure they are giving them the right kinds of food."

One person talked to us about their unwillingness to pay for staff meals when out on support visits. They said, "The Staff do support me when I go out, but I feel the money I have to spend for the staff to eat their meal with me when I am out is unfair. It could be considered materialised financial abuse if it isn't consented. I have been in disagreement about this for a while. Overall though, the staff are well trained and they do a good job in supporting me. At home I have cooked brownies recently, but I need monitoring with frying and boiling. They do encourage my independence." We looked at the registered provider's policy regarding this which stated people could be asked to contribute to the cost of staff meals when they were out on support visits. We spoke with the registered manager about this who showed us consultations which had taken place to resolve this persons concern. The registered manager said he would consult with the person again to look further into their concern and come to an agreeable resolution.

Most people spoken with had the skills and capacity to get themselves drinks and snacks with minimal support, but we observed people were regularly asked if they wanted a drink or a snack. Staff engaged with people whilst providing support with meals and we observed a lot of friendly banter and joking between them. The meals we saw looked nutritious and people enjoyed them. Choice was offered and people were supported to go to supermarkets and shops to do their own shopping.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Documentation in people's care records showed when decisions had been made about a person's care, where they lacked capacity to decide at that time, these had been made in the person's best interests.

Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We give people options and choices and discuss choices with them "and "We want to support them to be as independent as possible." People were supported to have as much choice and control as possible regarding their daily life. We observed staff asking people about where they wanted to go and what they wanted to do. Staff told us how people could make unwise decisions and that they would provide them with as much support as possible.

We saw people were supported to access various health professionals. People had a record of the appointments they had attended and the outcome from the appointments to show that health was monitored on a regular basis or where there was a need. We saw people had access to various healthcare professionals such as GP's, Opticians and Dentists. People had an up to date, 'Health Action Plan' in place giving details of any health needs they had and how staff could best support them in those areas.

We found staff had the skills and knowledge to support people in line with their needs. The registered manager ensured staff received supervision on a regular basis and staff told us they felt well supported. Appraisals were used to develop staffs skills and to review their practice.

All new staff completed an induction which included the care certificate which is designed to provide staff new to the care sector with an understanding of current good practice in the care sector. Once staff had completed the formal induction training they were then introduced to the people using the service and completed a number of shadowing shifts observing more experienced staff providing care and support. Staff told us during their first week working in the service they, "Shadowed, observed what was going on and read the care plans" and "I am slowly being introduced to support and meet different people and we have time to get know each other." The registered providers PIR said, "Staff are recruited to effectively deliver the support hours assessed and an individual rota is devised for each day. There are two regular people who work as part of a bank staff process, we will only use agency as a last resort to ensure safety.

Good

Is the service caring?

Our findings

People who used the service and their relatives made positive comments about the staff and talked to us about how the staff maintained their privacy and dignity.

People told us, "The Staff are great. They are very caring and they know my likes and dislikes. They do listen to me and I do feel supported," "Staff ask me what I want to do each day. I do get time to choose, they know I'm not the best when I first get up so they give me time to come around," "The Staff do support me. I wash the pots when I've had something to eat and they are there if I need them," "The majority of Staff do respect my privacy. They are there when I want to talk or need anything. I like the communal area downstairs, we can see each other there and occasionally eat together" and "I do have support from staff when I need it but I also go out a lot independently too."

One person told us, "I do feel safe, but just one member of staff can sometimes knock on my door when I'm sleeping, just to check I'm okay. This wakes me up. Also out of all the Staff, she is the only one who tells me to turn my television down at night. No other residents have complained as far as I know, and I don't think it's loud. Plus it is a detached house." We asked the registered manager to discuss this with the person and deal with this as a concern.

Relatives told us, "The staff are caring and very well trained. {Name of staff member] is lovely and great with my [family member]," "Some staff seem to know [family member's] needs better than others, but on the whole they all do a good job and the management are fantastic," "The staff are caring. We want [name] to have relationships for when we are not here and they have done well at The Pleasance" and "I am happy with everything at The Pleasance. The staff are very good and they care for my relative well. I've no complaints at all."

The layout of the houses helped to promote people's dignity. Each flat had its own front door and people chose to have it open or closed, depending on their mood or needs. During our observations, we noted the staff members did knock on flat doors before entering rooms. We heard staff asking people questions like, "Is it okay if I do this?" and "Do you mind if I do that?" We observed mutual respect from both staff and people who used the service.

On the day of the inspection, people who used the service were seen to be comfortable with the staff. There was good interaction between people and staff members and it was evident good relationships had been developed over time. Staff knew each person's preferred way of communicating and were able to understand what people wanted and needed. This supported people to feel empowered. Staff supported one person to speak with us and we saw this build their confidence.

Staff spoken with had knowledge of the people they were looking after. Even staff members who hadn't been at the service long knew the people in their care very well. One staff member told us, "[Name] is up now, but they're a little anxious this morning, so we are letting them come round in their own time. We've told [name] we are here if they need us, and they will come down when they're ready. We are not pressuring

them in any way. We've made them a cup of tea and comforted them."

We saw people were encouraged to maintain their independence. Staff told us, "If someone wants to make a cup of tea we will keep an eye out and be there if we are needed, but we don't jump in and help unless it's necessary."

People who used the service, their relatives and staff all said communication between them and the managers was good. Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Information that needed to be passed on about people was discussed with staff in the office in private. One relative told us, "The lines of communication between us, the management and staff are very very good."

Staff told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We saw advocacy information leaflets were available around the home. During the inspection we saw the managers had contacted the local advocacy services to ask for support and advice for one person where there was a disagreement between the person and the service.

Good

Is the service responsive?

Our findings

People told us they did various activities such as football, attending social clubs and groups and they had good access to the local community and did various social activities. Their comments included, "I am going to Asda in a bit, and then out for the day. I was going to go to the Gym, but I got up late," "The staff support me to go food shopping. I've been to see my favourite group, Status Quo as well. I have a cockatiel called Philip and two love birds called Marv and Keith. I help to clean them out when it's needed. I go to look in the shops in town. I like Argos" and "There are lots of things to do here and in the community. We had a pie and pea supper recently; we have pizza nights and barbecues when the weather is good. There is quick access to bus routes which is great. I go for days out. I've been to Newcastle and my Autism group at Hill Top. I also really enjoy going to Doncaster Market."

We observed staff demonstrated skills that showed they met people's needs. One staff member told us they had not yet been to one person's home, as they had stayed up late to watch a specific programme they enjoyed. The said, "Its only once a year and [name] doesn't do it often, so we know not to wake them until they're ready to get up. It was their personal choice to watch it, and we respect their wishes. It's pointless to wake them when they need their sleep. It's about knowing the people we are looking after here and fitting in with them as we work in their home."

On the day of the Inspection, three people were on home leave. Of the nine remaining people, three went out during the course of the inspection doing various activities such as shopping and appointments. Another person was seen helping with the maintenance of the grounds. This person told us how much they enjoyed doing this.

People told us, "I do have a care plan and I do have a say as to what goes into it" and "I have full say in what goes in my care plan."

One relative told us, "We have six week reviews and [family member's] care plan is dynamic and I am fully involved in it."

We saw people's care plans had been regularly reviewed and where appropriate people had consented to their care plans and at times been involved in writing them. Care plans included details about the individual, places they visited, hobbies and interests. Information was written in the person's voice which emphasised that the service was provided for the person and written in a way that they had agreed to. This included how to support the person with medication, maintaining their home environment, shopping, security, and with personal care.

Staff knew people well. Staff spoke about people in a kind way and wanted the best for people. It was evident staff knew people's life history and preferences which enabled them to develop positive relationships and deliver person centred support.

People told us they knew who to go to if they had concerns, as did their relatives. Some concerns were

brought up during our conversations with people. We fed back to the registered manager about an on-going complaint from one person, and they gave us assurance they were taking appropriate action to address it. They provided assurance they were keeping the complainant informed of the outcome. The registered provider had an appropriate complaints policy in place and they were seen to be responding to all complaints within policy timescales.

The registered manager told us they could provide information in accessible formats wherever this was needed for people.

Each flat was self-contained and there was plenty of room for visits. Family members told us they could stay over if this was pre-arranged with management. One person said that visits had to end at 9pm if it wasn't agreed with the manager. The registered manager told us this was to take into consideration the needs of everyone living in the home. The registered manager also showed us the written agreement in place signed by people who used the service confirming that they had all agreed to this.

The registered provider had considered people's end of life needs and preferences and this was documented in their care plans. The registered manager told us end of life was discussed with people, and where appropriates their relatives. People made their own choices to decide if they would like to plan ahead. We saw care plans contained information about whether people were ready to make plans or not.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager. 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.

People who used the service, relatives and staff spoke highly of the registered manager and deputy manager and said they found them approachable and supportive. Their comments included, "I know the management. They are easy to talk to," "If I thought I was being mistreated or misled, I would speak to the management, they are very easy to chat with," "I really like the manager, he is easy to chat with as I struggle sometimes to talk to manager figures. He is flexible, he listens and he is good with staff as well. He will sometimes put staff on a double shift so they can support me if I go out further afield. He is good like that," "The managers are excellent. [Name of deputy manager] replies to emails very promptly and he circulates minutes of any meetings very quickly. My son has a review every six weeks and they are on the ball with this. I am very happy with this part of the service" and "The managers are responsive. We have a good rapport with them and they know the care game thoroughly."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers and registered managers assess the safety and quality of their service, ensuring they provide people with a good service that meets appropriate quality standards and legal obligations.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager, which showed information from audits was used to improve aspects of the service. However not all aspects of the service were audited and checked to determine progress. For example, the last support and health action plan audit we found was from October 2017 and this was for two people. Other people's support plans had not been audited for six months. Following the inspection the registered manager told us, "Although they are not contained within an audit format all the support plans, health action plans, MAR files and finance support plans were audited in January 2018 and all these plans are signed and dated, however the risk assessments in one file had not been reviewed but have now."

We found a range of audits that were completed daily, weekly or monthly. These included checking such things as health and safety and the environment. However, these had not always identified the shortfalls we found during the inspection. We found there were omissions and gaps in records that were required to be kept, which the auditing and monitoring process had not found. For example, the registered manager had a plan in place to audit and monitor people's financial records. The financial records we checked at inspection had not always been signed and witnessed by two staff members and this had not been identified during checks.

We found incidents and accidents were recorded each month. However, there was no analysis in place to

assess any trends or themes to help prevent a reoccurrence of the incident/accident to ensure people were kept safe.

As this service is registered as a care home it must comply with the 'Safe custody regulations 1973' which state: Cupboards used for the storage of controlled drugs must be secured to a wall and fixed with bolts that are not accessible from outside the cupboard and fitted with a robust multiple point lock (or a digital code). The cupboard must be made of metal with strong hinges and the walls of the room should be of a suitable thickness so that the cupboard is fixed securely. We found the cupboard used for CD's did not meet these requirements. The registered manager confirmed to us that they would purchase and install an approved CD cupboard to meet requirements.

The concerns identified during this inspection illustrated the quality assurance framework at the service was not fully effective. This was because it had not recognised such things as staff not signing records and audits not being completed. Therefore systems had not ensured a continuous oversight of all aspects of the service.

The issues identified during the inspection were immediately investigated and where possible rectified. This demonstrated a receptive, responsive staff and management team, who were open to suggestions and the observations made.

Regular meetings and a suggestions 'box' ensured people and their families felt involved in the service and listened to. Where people had made suggestions, these were well received and acted upon. Staff felt the registered manager listened to their opinions and took their views into account. People told us, "I've filled in satisfaction forms whilst I've been here regularly" and "We have regular house meetings where we can talk and give our opinions, and then they [managers and staff] do something about it."

The last 'quality assurance survey' was completed in 2016. The registered manager told us he was aware this needed to be carried out each year and said he had already started to collate information from people about their views of the service. Once completed the registered manager said he would provide feedback to people via the 'resident's forum'.

The registered manager showed us the recent 'staff bulletin' sent to staff which included a 'staff questionnaire' for them to complete. The registered manager told us they planned to send out the 'staff bulletin' every three months.

The registered provider had policies and procedures in place which covered all aspects of the service. We saw some policies were due to be reviewed and updated. The registered manager told us he was aware of this and had planned in time to complete this. A schedule for the reviewing and updating of the policies was attached to the policy book. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager and senior staff were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and evidence we gathered prior to the inspection confirmed this.