

Crystal Management Services Limited

Crystal Homes

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 26 and 27 November 2015. It was unannounced.

Crystal Homes is a residential care home in Brockley, South East London. It provides accommodation for people who require nursing or personal care for up to four people with mental health needs. The service is provided by Crystal Management Services Limited. At the time of the inspection four people were living in the home, one of whom was in hospital.

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. The registered manager was not managing the day to day operations of the service. People, their relatives and health and social care professionals did not know who the registered manager was. CQC had not been notified of the registered manager's absence. Another individual was managing regulated activities at the care home. CQC had not been notified of this change.

We found people were not receiving safe care and treatment. The provider had arrangements for managing medicines which were unsafe and against current

Summary of findings

legislation. This put people at risk of not receiving their prescribed medicines. The provider also failed to consistently record the administration of medicines correctly.

The provider operated staff recruitment processes which were not safe. Staff were working in the service without references and checks to make sure they were suitable to work with vulnerable people. The provider had not obtained employment history checks or satisfactory background checks undertaken by the Disclosure and Barring Service.

Staff did not receive the support they required to ensure they met people's needs effectively. None of the staff working in the service had received one to one supervision from the manager. There was no appraisal system in place to review performance and plan staff development.

People and their relatives thought the staff were caring and that dignity and privacy were respected. The provider supported people to maintain family links. However, people and their relatives had little formal opportunity to feedback their views on the service being provided.

People were supported using clear and detailed care plans which they were involved in developing in

partnership with healthcare professionals and the provider. Care plans and risk assessments were regularly evaluated and updated. People had timely and regular access to health and social care services. Health records were maintained and were reflected in care plans.

Audits and checks of quality were carried out but they did not result in improvements in the care people received. Where audits identified shortfalls these were not acted upon.

We found that people were at risk of receiving unsafe care. We found multiple breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) and two breaches of Care Quality Commission (Registration) Regulations 2009 (Part 4). We are taking enforcement action against the registered provider and will report further on this when it is completed.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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 not safe.

People were at risk because medicines were not managed safely.

Medicines administration was not recorded properly.

Staff recruitment processes were not safe. The provider had not ensured that staff were suitable to work with vulnerable people.

Inadequate



Is the service effective?

The service was not effective.

Staff did not receive one to one supervision to ensure they met people's needs effectively.

The provider had no appraisal system in place to support staff in their roles.

People had timely access to health and social care services.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives told us the staff were caring.

People's privacy was respected.

Good



Is the service responsive?

The service was not responsive.

The views of people and their relatives were not always sought by the provider.

People had detailed and personalised care plans written in partnership with healthcare professionals.

Requires improvement



Is the service well-led?

The service was not well led.

The registered manager was not managing the day to day operation of the service.

The registered manager had been absent from the service for more than 28 days without CQC being notified.

The management of regulated activity was being carried on by a person who was not the registered manager and CQC had not been informed about the new management arrangements.

The provider did not make improvements in response to shortfalls identified in its quality audits.

Inadequate



Crystal Homes

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 26 and 27 November 2015. The inspection was carried out by one inspector and was unannounced. We last inspected Crystal Homes in September 2014 and no breaches of the regulations inspected were found.

Prior to the inspection we reviewed the information we held about the service, including notifications that we had

received. Notifications are information about important events the provider is required to tell us about by law. We used this information when planning this inspection.

During the inspection we spoke with two people, two staff and the director of Crystal Management Services Limited, the service provider. We looked at documents related to people's care and support. We read the care records, risk assessments, medicines administration and health records of each person. We also looked at documents relating to staff and management. We read training records, personnel files, shift rotas and team meeting minutes.

Following the inspection we spoke with relatives and health and social care professionals. We also read documents published by Companies House.

Is the service safe?

Our findings

People were at risk from unsafe medicines practices. During the inspection we observed that medicines had been transferred from their original packaging into a dosette box by a member of staff. This is termed 'secondary dispensing' and is against current legislation and professional guidance. The dosette box was left unsecured on top of the medication cabinet for several hours before being administered by another member of staff. This meant the provider could not be sure that the right person received the right medicine at the right time. We queried this practice with the member of staff who confirmed that it was the practice within the home for a senior staff member to dispense medicines and for staff to administer them later.

People were at risk because medicines were not recorded or monitored safely. Records showed staff had not appropriately signed medicines administration records (MAR) charts. We noted in the cases of two people there were 25 gaps where staff should have made entries on their MAR charts over the course of 27 days. This meant the provider did not know if medicines had been administered. A relative told us, "Blood tests at hospital showed that [relative's name] hadn't been taking their tablets so we had to change from tablets to injections." This was confirmed by a healthcare professional. The company director said, "Gaps may have been caused when people refused medicine and then staff didn't properly record it."

This is a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People were not kept safe because the recruitment processes in the care home did not ensure that suitable staff were employed to provide care and support. We checked the recruitment files of six staff. None of the six staff had a full employment history. We found significant gaps in the employment histories of four staff. There were no employment histories for two staff. This meant the provider had not verified the work history of applicants as part of assessing their suitability for employment.

We found two staff did not have any references, one of them because they did not supply any addresses for referees in their application. The other because they did not supply an application. We saw the reference for a third member of staff consisted of one sentence and was provided by a volunteer who worked in another care home. This meant that the provider did not know if staff were of good character or if they had the relevant experience and skills to support people.

One member of staff had started work without being subject to a pre-employment Disclosure and Barring Service (DBS) check. The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable groups. This meant the employer did not know whether this member of staff was suitable to provide care and support. The director explained that the service had been under pressure to recruit quickly.

This is a breach of Regulation 19 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Staff had assessed the risks to people's health and safety which came from their health conditions and wrote plans to manage them. People were supported with detailed risk assessments. These were written by health and social care professionals and evaluated jointly with people and the provider. Risk assessments were personalised, identified specific issues and stated how they should be managed. For example one person's risk assessment listed a number of behaviours that could indicate increasing mental health needs and the steps to be taken by staff to support them.

People told us there were enough staff to meet their needs throughout the day. One person told us, "There's always staff here. They come out with me when I ask." One relative said, "I have never been concerned about staff shortages, although they do seem to change a lot." Staff told us, "We have staff here around the clock and we increase our numbers for appointments and planned activities."

Is the service effective?

Our findings

People were at risk of being supported by unsupervised staff. We reviewed the records of all of the care home's full-time, part-time and regularly used bank workers. We found that none had received one to one supervision meetings with their manager to discuss the delivery of people's care and support.

On the second day of our inspection records were produced of two supervision meetings. However, these were not undertaken by a manager, but by a bank worker who had returned from long term sick leave. We also noted that neither the supervising bank staff nor supervised permanent staff were scheduled on the rota to be working on the day the minutes showed the supervision to have taken place. We could not therefore be assured that the minutes were genuine. The provider did not give an explanation as to why a bank worker would deliver supervision to permanent staff. Records also showed that none of the staff were given appraisals. This meant that staff did not receive the appropriate support or supervision to enable them to deliver care and support safely and to the appropriate standard.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People were supported by staff who received training to familiarise themselves with people's needs and support. Staff received induction training which was conducted over their first two weeks of employment period. Records showed this was provided by the company director and focused on medicines, safeguarding, mental health, learning disabilities and mental capacity. One member of staff told us, "Induction training was good because it gave me the knowledge and skills to boost my confidence." The provider had a training plan in place which included sessions delivered on line and by the local authority. However, the absence of supervision and appraisal meetings meant the provider had no formal process for discussing with staff the training they required to meet people's needs.

Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way

that does not inappropriately restrict their freedom. Capacity for each of the people living at the service was presumed and the need for a capacity assessment had not been raised by providers, health and social care professionals, relatives or people themselves. A member of staff told us, "People here have capacity so DoLS doesn't apply, but there remains a need for consent and we are vigilant about that." A person we spoke to said, "No, I don't feel restricted. I'm pretty much free to do what I want really."

People and their relatives were sometimes unhappy about food. One person told us, "The food is alright. Some days are better than others. It's never brilliant and never terrible." Another person said "The food is OK. I can cook better than the staff but the staff cook most of the meals." One relative said, "I don't think chicken nuggets and chips is appropriate food for an adult." Another relative told us, "The food was a big problem a while back but it's improved." A member of staff told us, "The food has been an issue due to getting to grips with people's very different cultural preferences. People choosing what they want and shopping with support resolved that."

People had timely access to the healthcare services they required. A person told us, "Staff make appointments for me to see the GP, CPN [Community Psychiatric Nurse] and psychiatrist. I see the dentist too." Care records showed people had access to a range of community and hospital based services. For example, one person was supported by staff to attend a hospital appointment for assessment and have a voluntary admission to hospital as their needs changed. Another person was supported with weekly home visits from mental healthcare practitioners.

We received mixed views about the layout and decoration of the home. One person told us, "I like the place. I like my room. I have it as I like it and that's good." One relative said, "It seems odd to have a care home above a shop and it doesn't feel like a home. It's bleak and depressing." A healthcare professional told us, "They [the provider] have improved the communal area. Initially the lounge was not welcoming at all. But we pointed this out and they transformed it into a comfortable shared space."

We observed that the largest room on the ground floor was a training room used by a separate business entity linked to the provider. The room had a high street shop front and was accessible via the street or the staff office. People used the corridor running alongside the training room and staff

Is the service effective?

office to access the home. The walls of the corridor, stairs and first floor landing of the service were bare without

pictures or adornment. This meant that the service did not appear homely. The director told us, “We are in the process of improving the environment. We are discussing things like lampshades and artwork with people.”

Is the service caring?

Our findings

People and their relatives thought the staff were caring. One person said, “They [staff] are quite nice. We chat and do things. They want my life to get better, I know that.” A relative told us, “The staff do seem to be nice and care but there seems to be different staff each time I go there.”

We observed staff speaking to people in a polite and respectful manner. People were offered choices about activities, food and spending time in the company of staff to converse. We saw a person choose shopping from a range of activities offered and choose to do it independently in line with their care plan.

People were involved in making decisions about their treatment. A healthcare professional told us, “People work with the care home and community based services to achieve positive outcomes. People are central to the decision making process and we all evaluate together.” A member of staff told us, “People get it that promoting independence is the key to their individual progress. We get it that it’s the people who must define their own objectives for independence and take responsibility for achieving them with our support.”

People chose where they spent their time. A person told us, “It depends how I feel. Sometimes I want to mix. Then I go in the lounge or the kitchen or the staff room. Sometimes I want to be in my room and away from people. The staff are fine either way and still ask me if I want to do things.”

People we spoke to told us the staff respected their privacy. One person said, “They don’t hang around me when I make a phone call to listen in. And when my folks come they leave us to it.” Another person said, “I go to my room for peace and space; the staff respect that. They leave me to myself...They knock my door and never just walk in.” We observed staff knocking on people’s doors and respecting the decision of people not to let staff enter.”

Relatives told us they were made to feel welcome at the care home. One relative said, “The staff are polite and friendly when I go there. They smile, ask me how I am and tell me how [person’s name] is doing.” Another relative said, “Whichever member of staff is there when I go, they are always welcoming. They’re friendly and ask me if I want a drink.”

Is the service responsive?

Our findings

People were supported to hold residents meetings. However, these were not regarded by people or the provider as productive yet. A member of staff told us, “The people are new to here and each other. It takes a while to build trust and open up.” People had not been formally asked their views in residents’ surveys. One person said, “I’ve never been asked to say what I think about this place.” This meant the provider had no effective processes for gathering the views of people about the service they received.

Relatives did not feel adequately informed about changes to the support, care and treatment their family members received. One relative told us, “I only find out about things when I ask. No one ever contacts me to let me know what is going on. That said, the [director] will always catch me for a quick catch up when I visit.” Another relative said, “I only hear about appointments after they happen. I’m not invited”.

Relatives had not been asked to provide feedback about the performance and quality of the provider. One relative told us, “No, I have never completed any questionnaires or surveys or anything like that. No one has asked me my opinion.” Another relative said, “I have never been asked to put anything in writing but I do talk to the staff”. The director explained that all of the people currently living in the service were relatively new to the home, having moved in between two and six months prior to the inspection. The director said, “We have a consultation and feedback process which we will be rolling out for people and families. We wanted people to have enough experience with us for everyone to properly comment.”

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People we spoke to were able to explain how they would make a complaint. One person told us, “I would tell the manager, my CPN, my care co-ordinator or a social worker.” The service had a complaints policy and a complaints book. No complaints had been logged.

People’s care plans contained detailed information and clear guidance about their health and social care needs. They included in depth personal histories and preferred support strategies. A member of staff told us, “Our care plans and risk assessments are the product of a unified and person centred approach. They are jointly produced by healthcare professionals and the service working with individual people.” A healthcare professional said, “We work to a shared care plan. People are at the centre of the plan. The service implements it and we all review it. The evaluations have been positive and show that the service is doing what we ask them to do to meet people’s complex needs.”

Staff and healthcare professionals frequently reviewed care plans jointly with people. Care records were regularly updated to reflect changing needs and new information. For example, one person’s care plan was updated to include the monitoring of information which may indicate an increase in risk behaviours.

People’s preferred social and leisure activities were recorded in their care plans. One person told us, “I like bowling. I’m pretty decent at it. The staff come with me. It’s good.” Another person told us, “I like to go to the cinema. I might go with staff while [person’s name] goes to the gym.” A healthcare professional said, “When [person’s name] was interested in getting the skills to go to work, the service acted promptly and enrolled them onto a work entry skills course immediately.” Records showed that a number of people had successfully completed a course provided by a local NHS Trusts’ Recovery College which provided people with the knowledge and skills to manage their symptoms. Staff knew what people’s interests were. One member of staff told us about the preferred activities of each person. This reflected what was written in care plans and told to us by people and their relatives.

Is the service well-led?

Our findings

We believe that the registered manager did not play a part in the management of the home. People we spoke with, their relatives and health and social care professionals did not know the registered manager. The registered manager was not available on either day of inspection. Despite repeated requests the company director and staff could not explain to us how long the manager had been absent from the service for or when he was expected to return.

We read records and noted that the registered manager had not made an entry into the staff signing-in book or the home's communication book since March 2015. The registered manager had not attended any team meetings since that time and the minutes of those meetings did not cite him as being absent with apologies. At the time of the inspection the staff rota did not include the registered manager. There was no input from the registered manager into any of the care plans we read.

During the two days of inspection the provider had not been forthcoming about the status, role or whereabouts of the registered manager. They did however acknowledge that the Care Quality Commission should have been notified of the manager's absence from the service.

This is a breach of Regulation 14 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

The day to day management of the care home's operations was undertaken by the company director. People, their relatives and healthcare professionals all believed the company director was the actual manager of the service. We read records which named the director as the manager. In team meeting minutes, correspondence and on internet published material, the company director was named as the care home's manager. This meant the director undertook the role of registered manager for Crystal Homes without notifying CQC.

This is a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

People, their relatives and healthcare professionals, believing the director to be the manager, were complimentary about her. One person told us, "She's good I think. She knows what she's doing. Things tick along with my plans and appointments". A relative said "She's brilliant. She has really been there for [person's name]. She really went the extra mile when [person's name] deteriorated. She worked well beyond her hours and did more than she needed to. I can't fault her".

A healthcare professional told us, "She's very good, very knowledgeable and runs the home well".

Staff we spoke to referred to the director as the manager. They described the director as open and supportive. One member of staff told us, "She is definitely approachable always. We can talk about anything and she is non-judgemental and guides me in the right direction". Another member of staff said, "Because she is so experienced being helpful is easy for her and good for me".

Audits of service quality were undertaken by an external party. Records of these audits showed that not all issues identified were acted upon. For example, an audit showed that staff were not correctly signing medicines administration records. By the time of the inspection this problem had not been resolved. This meant the provider was not using information identified through audits to improve the care and support people received.

This is a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) 2014</p> <p>Good Governance.</p> <p>The provider failed to operate a process to assess, monitor and improve the quality and safety of the services provided; and failed to seek and act on feedback from relevant persons for the purposes of continually evaluating and improving services.</p> <p>Regulation 17 (1) (a) and (e)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider failed to give staff appropriate support, on-going supervision and appraisal to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to establish and operate effective recruitment processes to ensure staff were of good character, have the qualifications, skills and experience which are necessary for the work to be performed by them.</p> <p>Regulation 19 (2) (a)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 14 CQC (Registration) Regulations 2009
Notifications – notice of absence

The registered person failed to notify CQC of the absence of the registered manager from the service for 28 days.

Regulation 14 (1) (b) (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 CQC (Registration) Regulations 2009
Notifications – notice of changes

The registered person failed to notify CQC that a person other than the registered person was carrying on and managing the regulated activity.

Regulation 15 (1) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to ensure proper and safe management of medicines

Regulation 12 (2) (g)

The enforcement action we took:

We are considering the action to take.