

Crystal Management Services Limited

Crystal Homes

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced focused inspection took place on 22 November 2016.

We carried out a comprehensive inspection of Crystal Homes on 26 and 27 November 2015. We found breaches in seven regulations. The provider failed to manage medicines and recruitment safely. Staff did not receive supervisions or appraisals and feedback from people and their relatives had not been sought. The provider failed to audit the quality of the service or notify CQC about changes to management arrangements.

We returned to the service to undertake a focused inspection on 26 May and 2 June 2016. We found improvements in the provider's notification processes and gathering feedback from people and their relatives. However, the provider continued to be in breach of four regulations.

This report only covers our findings in relation to those legal requirements that were not met by the provider at our previous inspection. You can read the report of our last comprehensive inspection by selecting the 'All reports' link for Crystal Homes on our website at www.cqc.org.uk

Crystal Homes is a residential care home situated in Brockley, South East London. It provides accommodation for up to four people with mental health needs. The service is provided by Crystal Management Services Limited. At the time of the inspection there were four people were living in the home.

There was a registered manager in post. 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.

At this inspection we found the service had addressed our concerns. People were safely supported to receive their medicines. Staff received medicines management training and appropriately recorded medicines administration. The process for recruiting staff was safe with robust checks introduced.

Staff were supported by the manager in their role. Staff were supervised and had regular one to one meetings with the manager. Staff in post for over one year received an annual appraisal from their manager.

The manager had introduced a robust quality assurance process to monitor and measure the care people received and drive improvements. Health and social care professionals spoke positively about the leadership of the service. We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People received their medicines safely and staff recorded medicines administration accurately.

Staff were recruited through a safe and robust process to ensure their suitability to provide support to people.

Is the service effective?

Good ●

The service was effective. Staff received training and supervision from the manager.

Is the service well-led?

Requires Improvement ●

The Service was well-led. There were robust quality assurances processes in place.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Crystal Homes

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Crystal Homes on 22 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 25 May, 26 May and 2 June 2016 had been made. We inspected the service against three of the five key questions we ask about services: is the service safe, is the service effective and is the service well-led. This is because the service was not meeting some legal requirements.

This inspection was undertaken by one inspector.

During the inspection we spoke with two people, one health and social care professional and the company director. We reviewed four people's care records including their medicines records. We also checked the files of five members of staff and reviewed the providers quality auditing practices. Following the inspection we received feedback from three additional healthcare professionals.

Is the service safe?

Our findings

At the last inspection on 25 May, 26 May and 2 June 2016 we found medicines records were inadequate, staff had not received medicines training and unused medicines had not been returned to the dispensing pharmacy.

The service was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made. People's medicines were administered safely and recorded effectively. We reviewed people's Medicine Administration Record (MAR) charts and found them to be in order. Where medicines were refused this was stated in care records and healthcare professionals were notified. The service had a medicines returns protocol in place and medicines stocks reflected the balances on MAR charts. Medicines were stored securely in a locked cabinet to which only staff had access. Records for medicines administered by healthcare professionals were accessible to them and signed by them. All staff had signed the provider's medicines policy to confirm they had read and understood it. All staff had received medicines training since the last inspection. The management of medicines was discussed at team meetings and the manager conducted a weekly audit of medicines.

At our last inspection on 25 May, 26 May and 2 June 2016 we found that staff did not have references, employment histories or proof of address.

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

At this inspection we found that robust procedures were in place to recruit staff safely. Prospective staff had submitted applications and were interviewed by the manager. Successful candidates had two references taken up which confirmed their employment experience and character. The manager satisfied themselves as to the identities of new staff by checking their passports and driving licenses. The manager confirmed the addresses of staff who provided bank statements and utility bills. The manager ensured new staff had the right to work in the UK by way of citizenship, residence permits or Home Office leave to remain. Staff submitted their details to the Disclosure and Barring Service (DBS) who checked them against criminal records lists and databases of individuals barred from working with vulnerable adults and children. This meant people were supported by vetted and suitable staff.

Is the service effective?

Our findings

At our last inspection on 25 May, 26 May and 2 June 2016 we found that two out of five staff had not received supervision. Whilst four out of five staff had never had an appraisal.

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

At this inspection we found the manager supervised staff. Staff met with the manager for one to one meetings at which people's needs and staff training were discussed. Minutes were taken at supervision meetings to enable the staff and the manager to review actions and issues. For example, at one supervision meeting the importance of detailed key working records were discussed. Whilst at another one to one meeting fire procedures were focused upon. Established staff received annual appraisals which focused on staff performance and personal development. We read that one staff member's appraisal addressed their punctuality whilst another staff member's attainment of an NVQ qualification was noted. This meant people were receiving care from staff who were supported by the manager.

Is the service well-led?

Our findings

At our last inspection on 25 May, 26 May and 2 June 2016 we found that people were at risk because the provider did not demonstrate good governance by auditing medicines effectively, identifying shortfalls and taking action to address failings.

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

At this inspection we found the provider was using robust quality monitoring and measuring systems. The service had retained the services of a consultants specialising in developing and improving auditing within adult social care. The manager had implemented a systematic plan of reviewing service delivery. Quality assurance audits included checks of medicines storage, care records and the environment of the care home. Where shortfalls were noted action was taken. For example, when the manager's food hygiene audit identified that not all of the colour coded chopping boards were in place to ensure that food items were prepared separately, replacements were purchased.

People were supported by the manager who reviewed care delivery in partnership with others. The manager reviewed care plans and analysed incidents in partnership with healthcare professionals. One healthcare professional told us, "Personally I would highly recommend them as a very specialist service in the community that offer a very high standard of service." A second healthcare professional told us, "I have been particularly impressed with the manager who has demonstrated good clinical knowledge." Whilst a third healthcare professional said, "The client group Crystal Homes supports is very challenging and not many providers could cope. They have met people's needs and try to improve."

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.