

Cristal Care Limited

Rother Valley View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rother Valley View is a residential care home providing the regulated activity of accommodation and personal care to up to 6 people. The service provides support to adults with a learning disability and autistic people. At the time of our inspection there were 3 people using the service. The home consisted of 6 self-contained flats in one building. People had access to a communal kitchen, dining and living room and a large enclosed garden.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The model of care and setting maximised people's choice, control and independence. Risks to people were assessed, monitored and managed safely. Systems in place to protect people had been strengthened but needed further strengthening to ensure all incidents are reported. The provider had acted to manage infection risks. There were enough staff to safely meet people's needs. Staff had the necessary skills, knowledge or experience to know how to meet people's needs. People's medicine support was managed safely.

Right Care:

Care was person-centred or delivered in a way which promoted people's dignity, privacy and human rights. Staff offered people choices and involved them when supporting them with activities and meals. Recommendations and actions identified by partnership agencies regarding people's support needs were promptly implemented to ensure people achieved good outcomes.

Right Culture:

The internal quality assurance systems and processes to audit or review service performance and the safety and quality of care had been strengthened. These systems needed to be embedded into practice to ensure improvements were sustained. The ethos, values, attitudes and behaviours of leaders and care staff had improved to ensure all people using the service could lead confident, inclusive and empowered lives. People were now being supported to regularly identify, or review, on-going individual aspirations and life goals. Internal systems for supporting staff were now robust which led to staff feeling supported and confident in their role.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 30 May 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. At our last inspection we recommended that the provider updates their monitoring and reviewing systems for Mental Capacity Act [MCA]. At this inspection we found the provider had acted on the recommendations and had made improvements.

This service has been in Special Measures since 17 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rother Valley View on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rother Valley View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors and 1 medicines inspector.

Service and service type

Rother Valley View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rother Valley View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative about their experience of the care provided. We spoke with 11 members of staff including the quality and compliance manager, area manager, registered manager, team leader, support workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We carried out observations of care to help us understand the experience of people who could not talk with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had systems to assess and mitigate risks to people. For example, where some people were at increased risk of becoming distressed, they had appropriate support plans and risk assessments which guided staff on how to support them safely and to reduce the risk.
- People were involved in managing risks and in decisions about how to keep themselves safe.
- Staff had a good understanding of the risks people were at and they knew how to support them to reduce these risks. Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- The building and environment were safe. Health and safety records evidenced the service was compliant with safety checks.
- Accidents and incidents in relation to behaviours which may challenge others were being monitored and analysed, however, we found that some records were not always consistently completed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to raise safeguarding alerts regarding allegation of abuse. The provider had failed to ensure that staff safeguarding awareness ensured people were adequately protected from potential abuse. This was a breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes were in place to protect people from the risk of abuse.
- Staff knew how to recognise safeguarding concerns and received appropriate training. One staff member told us what they would do to protect people, " If I had concerns, I would make sure the person is safe, I

would document it. I would ring on call, the manager or go to safeguarding."

- The provider had up to date policies for safeguarding people from abuse and harm.

Staffing and recruitment

- Safe recruitment practices had been followed.
- The provider was currently recruiting to vacancies and there was a thorough recruitment and induction process in place to assist new starters.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). The service had taken steps to monitor use of medicines that could be used to control how people behaved or restrain people and were able to demonstrate effective use of strategies to reduce their use.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given 'as required', and when changes were made to medicines.
- Staff followed national practice to check people had the correct medicines when they moved into a new place or when they moved between services.
- Staff kept family and carers aware of medication use and changes in line with peoples' wishes.

Preventing and controlling infection

At the last inspection systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors to the service in line with Government guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider failed to provide person centred care and support meaning that people's needs, and preferences were not met. This placed people at risk of harm. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's individual care records confirmed they were supported to access different healthcare services such as their GP or specialist hospital services. There was a record of follow up advice and action to show that recommendations from health professionals were being followed.
- The provider had their own behavioural practitioner who carried out service visits and had reflective conversations with staff to enable discussions and learning from incidents.
- The provider supported people to move services in a planned and effective way. Prior to a person moving out, they were offered short visits by their new staff team which were gradually increased in the build up to the move. This ensured the person's anxieties and worries about moving into a new home were reduced, and they were given the time and space to get to know their new staff and surroundings.
- People had individual and person-centred support plans which contained information about support needs, their background and history. The plans were detailed and reviewed by the management team to reflect any changes in people's support, so staff had detailed and up to date guidance on how to support people.
- People were encouraged and supported to have a balanced diet in line with their preferences.
- Where people required a specialist diet staff encouraged them to follow it. We observed staff thickening drinks where people required this.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent and skilled staff were deployed to ensure safe, good quality care. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training suitable for their role and relevant to the needs of people living in the service.
- Staff received specialist training to ensure they could meet people's individual support needs. This enabled them to safely support people at times of emotional distress. Staff told us they found training effective. One staff member said, "Things have definitely improved, we have had more training, we are better managed. Before, we were left to our own devices, but the reins have been tightened and it's much better now."
- Staff meetings took place and staff received one to one supervision from managers on a regular basis.
- Managers carried out unannounced visits and observations of how staff were interacting with people. These provided opportunities for staff to reflect on their working practices and discuss any further training or support needs.
- The provider had discussion with relevant professionals regarding people's changing needs. For example, one person's mobility needs were changing, and the provider had discussions with professionals to decide if a different living space would be a better suited environment to their needs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection we made a recommendation about mental capacity. At this inspection we found improvements had been made and mental capacity assessments had been reviewed to ensure they were up to date and relevant.
- Records relating to DoLS were available and staff aware and adhering to conditions that were attached to them.

Adapting service, design, decoration to meet people's needs;

- The service was adapted to meet people's needs.
- People had been involved in decorating the garden in a Halloween theme which looked effective and enabled people to get into the spirit of the event.
- The communal areas were well decorated and spacious. People were able to decorate their own rooms to reflect their lifestyle choices, interests and hobbies. People who used technology as a means of communication had access to the internet throughout the house, which was important to them.

Is the service well-led?

Our findings

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

Continuous learning and improving care

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider failed to ensure quality assurance and governance systems were effective, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained and failed to report in line with legal requirements. This was a breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems had been strengthened to monitor the quality of the service. These systems had identified most areas of improvement but needed to be embedded into practice to ensure consistency.
- Audits were completed regularly, and actions taken to address issues raised. The manager was keen to ensure governance systems continued to be used as a tool to improve the service.
- The provider had employed a quality assurance manager who carried out in-depth audits of the home to assist with driving improvements and fully embedding them into practice.
- The provider had identified there were still some shortfalls in the consistency and detail of record keeping. Workshops had been put in place to help and assist staff in improving in this area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers and staff were clear about their roles and responsibilities. Since our last inspection there had been some significant changes to the management team. The provider employed an area manager, positive behaviour practitioner and there was a new registered manager in post. This new structure ensured that the provider had effective oversight of the location and was able to use each person's area of expertise to ensure the service was meeting standards of quality and safety.
- The management team understood their responsibilities and knew when and who to raise concerns both internally and with external agencies such as the local safeguarding team, CQC and the Police. We identified one occasion where the provider had not informed us of a notifiable incident. The provider took action and reported this as soon as they had been made aware.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had improved the culture of the service and staff told us they were committed as a team to help people achieve their outcomes. For example, one person had been supported to do various activities such as swimming, shopping, visiting the cinema and trips to the seaside.
- The management team were visible in the service, approachable, and took an interest in what people, staff and other professionals had to say.
- We identified some practice issues during our inspection which were discussed with the management team. They were keen to take action to ensure improvements were made.
- One staff member told us, "[Registered manager] has introduced better paperwork, good team practice, and gets stuck in and works together with us and has shown a lot more support to us."

Working in partnership with others

- The provider demonstrated they were working in partnership with others to meet people's needs and help them achieve their outcomes.