

Cristal Care Limited

The Terrace

Inspection report

The Terrace
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The Terrace is a residential care service which can accommodate six people. People who used the service had individual self-contained flats which consisted of kitchen a living space as well as a bathroom and bedroom. At the time of our inspection there were three people using the service and one person who used the service on a respite basis.

People's experience of using this service:

People were safeguarded from the risk of abuse. Staff were aware of what actions to take to ensure people were safe. Risks associated with people's care and support had been identified and plans were in place to help minimise the hazards. There were sufficient staff available to meet people's needs and to ensure they could access the community. People were supported to manage their prescribed medicines. Staff had received training to ensure this was carried out safely. Accidents and incidents were monitored to identify trends and patterns and the provider took action to minimise incidents occurring.

People received support from staff who were trained and supported to carry out their role. Staff we spoke with felt supported by the management team. People were supported to maintain a healthy diet which catered for their likes and dislikes. People had access to health care professionals as required. 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 supported this practice. The service was compliant with the Mental Capacity Act 2005.

During our inspection we saw staff interacting with people who used the service. Staff and people had a good rapport and staff were kind and caring in their approach. Staff maintained people's privacy and dignity and were respectful of their home.

People received personalised care which was responsive to their needs and preferences. Support plans were clearly detailed. People had access to a range of social activities which ensured they maintained links within the community. The provider had a complaints procedure and people felt at ease to raise concerns. No concerns had been received at the time of our inspection.

The service was well led and had a management team who were dedicated in providing high-quality care which promoted an open and fair culture. Audits were in place to measure the performance of the service and to action any concerns as they arose.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: We inspected the service in line with our current methodology for inspecting care homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Terrace

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced in line with our current methodology for inspecting care homes.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our inspection we asked the provider to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with people who used the service and their relatives. We spent time observing staff interacting

with people.

We spoke with four staff including care workers, the deputy manager and the registered manager. We looked at documentation relating to three people who used the service, three staff files and information relating to the management of the service

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to ensure people were protected from abuse.
- Staff confirmed that they had received training in the subject and told us they would report any concerns immediately. Staff were confident that the registered manager would take appropriate actions to keep people safe from harm.
- People who used the service told us they felt safe living at the home.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced.
- Risk assessments were thorough and detailed and clearly explained how to minimise risk whilst ensuring people's freedoms were not unnecessarily restricted.

Staffing

- We observed staff interacting with people and found there were enough staff available to support people in a timely way.
- Staff were also available to support people with social activities in the community.
- Staff we spoke with told us there were always plenty of staff working with them.
- The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at three staff recruitment files belonging to staff but found one of them did not contain appropriate references. The provider acted immediately and references were sought.

Using medicines safely

- The provider ensured people received their medicines as prescribed.
- We looked at the storage, recording and administration of medicines and found medicines were safely managed.
- People who required medicines on an 'as and when' required basis, had protocols in place to ensure these were administered when appropriate to do so.
- Staff received training in the safe administration of medicines and were assessed to ensure they were competent.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.

- We completed a tour of the home with the registered manager and found the service was clean and well maintained.

Learning lessons when things go wrong

- The provider had a system in place to monitor and record accidents and incidents.
- The registered manager monitored accidents and incidents to check for trends and patterns so that repeated incidents could be addressed and action taken to reduce future incidents.

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

Good: 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; Staff providing consistent, effective, timely care within and across organisations

- People's needs and choices were assessed and care and support was provided in line with people's preferences.
- Staff we spoke with knew people well and this supported them in delivering the right care and support.

Staff skills, knowledge and experience

- The provider ensured that staff had the skills, knowledge and experience to carry out their roles and responsibilities.
- Staff we spoke with told us that training was of a good standard and readily available.
- Staff told us they completed a thorough induction which included mandatory training and shadowing experienced staff.
- Staff told us they were supported by the management team and received one to one sessions to discuss work related issues.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to cook their own meals in their own flat, supported by staff.
- Staff supported people to make healthy choices and have a balanced diet which also considered their preferences.
- People also used the communal area to eat meals when they chose to eat together.
- Care plans were in place to support people with specific dietary requirements.

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

- The service was designed so people had their own self-contained flat. These were decorated in line with people's choices and preferences.
- The service also had communal space for people who wanted to spend time with others.
- The service also had outside space which was accessible to people who used the service.

Supporting people to live healthier lives, access healthcare services and support

- We looked at care plans and found evidence that health care professionals had been involved in people's care when appropriate.
- Advice from health care professionals was taken seriously and entered in people's care plans and actioned by staff.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take 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 looked at care records and found they reflected the support people required to make decisions. Where people lacked capacity to make decisions, they had been made in the person's best interest.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported

- We spent time during our inspection, observing staff interacting with people who used the service. We found staff were very supportive, understanding of people's needs and caring.
- People who used the service indicated they liked the staff and got along well with them. One person said, "I like living here, the staff are great."
- Staff we spoke with were keen to support people to reach their goals and aspirations. One care worker said, "We are all about solutions, not problems."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and opinions and their opinions mattered and were respected.
- Care and support was provided based on what people wanted to do. People had a keyworker who was responsible for ensuring people had everything they needed. Key workers were selected based on shared interests they had in common with people.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.
- We spoke with staff who could explain how they maintained people's privacy and dignity especially when delivering personal care. One care worker said, "I always knock prior to entering someone's flat and check that it is alright to enter their personal space." Another care worker said, "We work on promoting daily living skills as some people have a desire to live more independently in the community."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- We looked at care plans and found they were clear, concise and detailed the support people required whilst ensuring they captured people's preferences.
- Support plans were reviewed monthly to ensure they reflected people's needs and choices.
- We looked at how the service ensured compliance with the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The provider had policies and procedures in place. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.
- The service ensured people had access to social stimulation. Each person's file we looked at contained an activity planner. This included planned day trips and social activities people liked to engage with and when they would take place.

Improving care quality in response to complaints or concerns

- The provider had a system in place for people to raise concerns. The registered manager told us they had not received any concerns yet, but had a system in place to be able to respond quickly and appropriately as they arose.

End of life care and support

- At the time of our inspection the service was not supporting anyone at the end of their life. We spoke with staff and the registered manager, who told us they would support people in a person-centred way, and in line with their preferences.
- Staff told us that care plans would be amended to include end of life wishes.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in place. 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.
- There was a culture of openness where staff felt able to talk with the management team if they needed guidance and support.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team consisted of the registered manager, team leader and a team of senior support workers. Staff we spoke with told us they felt supported by the management team.
- The staff team understood their roles and responsibilities and knew when to escalate things to the next level.

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

- People were engaged in the service and asked their opinions. The home operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- The provider was in the process of formalising feedback about the service and was looking at introducing a formal questionnaire. This would be sent to people who used the service and their relatives as well as staff and other professionals.

Continuous learning and improving care

- The provider had a quality auditing system in place which was used to check that the service was operating to the providers expected standard.
- Audits were carried out on areas such as medicine management, care and support records, health and safety and the environment. Following audits and action plan was devised to address any concerns raised.

