

Cristal Care Limited

The Terrace

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

The Terrace is a residential care service which can accommodate up to six people with learning disabilities or autistic people. Six people were using the service at the time of the inspection. People who used the service had a self-contained apartment which consisted of a kitchen, lounge, bedroom and bathroom.

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

People were safeguarded from the risk of abuse; staff understood how to protect people from avoidable harm. Risks to people were assessed and managed to keep people safe. Staff were recruited safely, there were sufficient staff to meet people's needs and provide meaningful activities. Medicines were managed safely. Infection prevention and control systems were in place and staff wore personal protective equipment. Accidents and incidents were monitored, with action taken to mitigate risks and reduce incidents.

The registered manager had governance systems in place to maintain and improve the quality and safety of the service. Effective monitoring was in place so that lessons were learnt when things went wrong. Staff felt supported by the manager and were involved in driving improvements. People had strong links within the community. There was an open and transparent culture, people using the service were involved in planning their care and 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 policies and systems in the service supported this practice.

Based on our review of key questions Safe and Well Led, the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture

Right support

The model of care and setting maximises people's choice, control and independence. People were involved in planning their care and future goals. Staff supported people with independent living skills and people chose their own activities daily. People had their own living area, which they were involved in decorating to their individual likes. People had strong links to the community and they were supported to maintain family relationships.

Right Care

Care was person centred and promoted people's dignity, privacy and human rights. People chose and purchased their own meals and chose when they wanted to eat. Staff communicated with people in a respectful and caring way. Care plans and risk assessments were person centred and staff were trained and knowledgeable in meeting peoples individual needs.

Right culture

The ethos, values, attitudes and behaviours of the leaders and care staff ensured people using the service led confident, inclusive and empowered lives. There was an open and transparent culture and there was a homely atmosphere. People told us they were supported by the registered manager. Staff supported people to achieve their individual aspirations. Quality assurance and audit systems were in place to maintain and continuously improve quality and safety of the service.

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

Rating at last inspection

The last rating for this service was Good (published 08 February 2019)

Why we inspected

The inspection was prompted in part due to concerns received about management and safety in the service. A decision was made for us to inspect and examine those risks. We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

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 (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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Terrace 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. The Terrace is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager, training manager, and support workers. We carried out observations of care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included one care record and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality audit records. We spoke with four relatives about their experience of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered manager and staff were aware of their responsibility to raise safeguarding concerns and liaise with the local authority and CQC.
- Systems and policies were in place to protect people from avoidable harm.
- One relative we spoke to felt care delivery was safe in the service. The relative told us "Staff help and supervise [Name] all the time. They are safe when I visit them, I feel 100 percent they are safe."

Assessing risk, safety monitoring and management

- People's risks in relation to health, well-being and safety were monitored and assessed.
- People had individualised risk assessments in place which were regularly reviewed to ensure they were kept safe.
- Where risks had been identified, action was taken to reduce the risk of harm. For example, one person had difficulties during mealtimes, staff had contacted the Speech and Language Therapy team and staff monitoring was implemented.

Staffing and recruitment

- There were sufficient staff to support people's needs. People required one-to-one support from staff during the day, rotas seen showed this level was met. The registered manager advised of occasional use of agency staff, but recruitment processes were underway to increase the staff team.
- We saw staff had time to spend with people and provide tailored activities. Staff had supported a person to go to the local fish market and prepare the fish to eat. The person told us "I like fish and like to be healthy."
- Safe recruitment practices had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- Staff were suitably trained to meet people's needs and people living at the service were involved in training, for example one person was actively involved in supporting with autism training to the staff team.

Using medicines safely

- Medicines were safely managed. Safe protocols were in place for safe receipt, storage, administration and disposal of medicines.
- Where medicines were prescribed 'as required' or 'as directed' there were protocols in place to give staff clear guidance on when these should be taken.
- Staff responsible for administering medication had received training and competency checks were carried

out. Medicines were audited to ensure they had been given as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- Visiting arrangements were in place and people were receiving visitors.

Learning lessons when things go wrong

- The registered manager monitored incidents in the service, including patterns and trends. This information helped the provider to learn from incidents and how to prevent and respond in the future.
- The provider conducted investigations in the service when concerns were raised and took appropriate action to keep the service safe.

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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff met people's needs and wishes which were individual to them. Staff promoted choice and inclusion in the community. Care plans were detailed and person-centred. People were engaged throughout the day with activities they had chosen.
- People, relatives and staff gave positive feedback about the service and the care provided. One relative told us, "The carer is a very good advocate for [Name]. They are so much better there. Their behaviour is so good. [Name] goes out for walks, on the train, swimming and has a highly active life. The home meets all his needs."
- The environment was welcoming and homely. People had personalised apartments, for example one person had sensory lights which they could control with their voice.

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

- The provider and registered manager were aware of their responsibility to be open and transparent when things went wrong. The registered manager sent us notifications about important events, which helps us to monitor the service.
- Staff were aware of their roles and responsibilities. Staff felt supported by the registered manager and could raise concerns. One staff member told us "I can talk to the manager about anything, we have team meetings and things are passed down to the team."

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

- The provider and registered manager carried out regular audits in all areas. For example, a recent safety audit identified risks to people in relation to hot surfaces. The provider took action to rectify the concern.
- The provider had clear policies and procedures in place. Staff received daily handovers to identify any key issues in the service.

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

- People were involved in decisions about the service. Regular meetings were held with people using the service and people were listened to. One person had recently attended Makaton training to improve their communication skills.

- Relatives we spoke to were involved with the service and care provided. They told us, "The manager rings me with any updates" and "We get involved with [Name] health needs, we do this jointly and they keep me up to date."

Continuous learning and improving care

- The registered manager asked people, their relatives and staff for their opinions about the service. Questionnaires were sent which covered all aspects of the service and the responses were used to drive improvements. Feedback seen was positive about the service and care provided.
- Staff received regular supervisions and team meetings. We saw staff were actively involved in improving the service and felt listened to by the registered manager. Staff said, "Everyone works together, we are like one big family and support each other."
- Analysis of accidents and Incidents was undertaken and debriefs were held with staff following specific incidents. One staff member told us, "We sit and have a talk in the office." This allowed the staff to learn from incidents and improve care delivery.

Working in partnership with others

- The staff worked with other health and social care professionals, to ensure people received the care and support they needed.
- There were links with local volunteer groups. One person attended a work placement to build upon life skills.
- The registered manager maintained strong links with local authorities and commissioners. For example, monthly meetings were held to ensure the placement was working for people living in the service.