

Crimson Hill Support Ltd

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Inspection report

The Bungalow
The Elms, Curry Rivel
Taunton
Somerset
TA10 0JD

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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

Crimson Hill Support Limited (known as 'The Bungalow') is a care home providing personal care to 1 autistic person. They received care and support 24 hours a day.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

The person being supported had choice and control over their life. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person received personalised care and support built around their needs and wishes. They had a staff team who they knew and trusted, although staff changes did affect them.

Staff were trained to support the person, who was relaxed with the staff who supported them. Staff supported the person with their medicines in a safe way.

Right Care

The person's care and support plan described the care being delivered by staff and the person's chosen lifestyle. The staff team had a good understanding of the person's needs and were flexible to enable them to meet changing needs and wishes.

The person enjoyed regular planned activities and interests outside of the home.

The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. Staff were understanding and responded well to the person's needs.

The person was kept safe from avoidable harm because the service had a clear policy to support staff to recognise and report abuse or poor care. Staff spoken with did not have any concerns about possible abuse or poor practice. Relatives had no concerns about the person's safety.

Staff recognised signs when the person experienced emotional distress and knew how to support them.

The person who had individual ways of communicating, using speech, body language and pictures. They interacted confidently with staff and others involved in their care and support because staff had the necessary skills to understand them.

Staff felt well supported. There was ongoing training and supervision for staff to make sure practice always followed best practice guidelines.

Right culture

A relative told us they had confidence in the management of the home but felt they could be more proactive at times. They were very closely involved with the service and usually had daily contact with staff, but felt sometimes they were not listened to.

The person was supported by a small management team. The provider and registered manager consistently assessed, monitored and improved the quality of the service where possible.

The service had been designed around this person's needs and had supported them to develop.

The person was supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities the person with a learning disability and/or autistic the person may have. This meant the person received compassionate care from their staff team.

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 good (published 29 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was a focussed inspection looking at safe and well led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crimson Hill Support Limited on our website at www.cqc.org.uk.

The overall rating for the service has remained good following this inspection.

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?

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.

Crimson Hill Support Limited

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.

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

One inspector carried out the inspection.

Service and service type

Crimson Hill Support Limited 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. Crimson Hill Support Limited 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we wanted to be sure the person would be at home so we could meet them and observe staff supporting and communicating with them. We also wanted to make sure the manager and staff would be available to support the inspection and had time to speak with us.

Inspection activity started on 6 April 2023 and ended on 21 April 2023. We visited the home on 14 April 2023.

What we did before inspection

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 reviewed all the information we had received about the service.

During the inspection

We met the person using the service. They did not talk with us about their service directly, but we saw they talked openly and confidently with staff they knew well and trusted. We spent time observing staff supporting, interacting and communicating with them. We spoke with 2 members of care staff and with the registered manager.

We reviewed the person's care plan, risk assessments, daily care records, medicine records and medicine storage facilities. We also reviewed health and safety records, concerns, compliments and results of the latest staff survey.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us the last quality audit carried out by the provider. We also spoke with 1 relative to gain their views of the care and support provided to their family member.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- A relative told us staff kept their family member safe. They said, "Yes, I do think [name] is safe there."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us it was a safe place to live and work in.

Assessing risk, safety monitoring and management

- Risks to the person and to staff were assessed and plans put in place to reduce or eliminate risks where possible. Their freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.
- Staff recognised signs when the person experienced emotional distress and knew how to support them. There was a very detailed care plan for emotional distress in place which staff understood and followed closely. We saw this was effective in supporting the person's wellbeing and understanding.
- Staff assessed the person's sensory needs and did their best to meet them. It was important for the person's wellbeing they did not have too much stimulation or too many things to process at once as this was detrimental to their wellbeing. We saw staff understood this and worked to ensure this did not occur.
- The environment was also designed to meet the person's sensory needs. Due to the person's lifestyle, there was very heavy wear and tear to the environment; this was evident throughout the home. A relative said, "I know it's [name's] fault; she has always done this. They have painted it a bit for her but I don't know what the answer is or nor do they I don't think." We spoke with the registered manager about this issue. They assured us they were working with the housing provider to ensure there would be a programme of ongoing repairs and maintenance going forward.

Staffing and recruitment

- The person formed close, trusting relationships with staff. Their relative said, "The staff seem fine, although there are often changes as staff seem to come and go and this does affect her. [Name] knows instantly who she likes. She really likes strong staff who she knows well."
- The service had enough staff for the two-to-one support for the person needed. There was a reasonably small team of care staff who the person got to know well. Both care staff spoken with felt the person had "accepted them and liked them quite quickly." One staff member added, "[Name] seems to form bonds with staff and gets to trust them. She does test staff, push boundaries and seems to like you to enforce them. If you let things slip or relax, she seems to trust you less, not more. You have to stick rigidly to her care plan."
- New staff were recruited safely. All required pre-employment checks were carried out including criminal record checks and obtaining satisfactory references from previous employers before new staff started work.

Staff had a formal induction to the home. One staff member said, "My induction was very good. I met and got to know [name]; I did shadow shifts and when I finished them, I then worked as part of the team."

Using medicines safely

- Staff followed effective processes to assess and provide the support the person needed to take medicines safely.
- Staff followed systems and processes to administer, record and store medicines safely.
- The service had ensured the person's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of the person with a learning disability, autism or both) and would ensure any medicines taken now or in the future were reviewed by prescribers in line with these principles.

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 Act 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw staff supported the person to make as many of their own decisions as possible. Staff knew about the person's capacity to make decisions through verbal or non-verbal means and this was well documented. A relative told us, "I would say, yes, they do let [name] decide what she does. They are good with her with that kind of thing, but I have to believe what they tell me as we are not there all the time."
- Staff demonstrated good practice around assessing mental capacity, supporting decision-making and best interest decision-making. When the person had been assessed as lacking mental capacity to make a certain decision, staff clearly recorded assessments and any best interest decisions. Relatives were consulted when best interest decisions were needed.
- An application to deprive the person of their liberty had been made to the appropriate legal authority and had been authorised without any additional conditions.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and hygienic. Specific parts of the home suffered very high amounts of wear, tear and environmental damage due to the person's lifestyle and sensory needs. This issue was discussed with the registered manager. They were already in discussions to ensure there was a suitable programme of repairs to ensure the homeliest and most hygienic environment possible, whilst continuing to meet the person's needs.
- 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 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 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 in care homes

- The provider was facilitating visits in accordance with the current guidance. The person's relative said, "We go down twice a week, every week. I do [name's] personal care once a week while I am there."

Learning lessons when things go wrong

- The person received safe care because staff learned from any accidents and incidents which occurred. The registered manager visited the home 2 or 3 days each week, often spending time supporting the person, talking with them and with care staff. They also reviewed all daily records and records of any accidents or incidents which occurred. They told us, "I take an overview of [name's] service. I visit at least twice a week and also work with [name] as we have a great relationship. I look at monthly records at the office where it's quiet and these are used to write a monthly summary so we can keep things under constant review."
- This service had been designed around this person's needs and lifestyle. If any changes were needed, these could be implemented immediately, discussed with family members and staff face to face as well as forming part of the person's care plan.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of the person's needs and good oversight of the service. The registered manager said, "The service has been designed specifically for [name]. We all [meaning the provider, the registered manager and staff team] have a vested interest in [name] and in her support; she has lived here for a long time."
- A relative told us they had confidence in the management of the home, but felt they could be more proactive at times.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One staff member said, "I previously worked as a care assistant in a nursing home. This is completely different; it is very person centred care."
- Governance processes were effective and helped to hold staff to account, keep the person safe, protect their rights and provide good quality care and support
- The person's care plan accurately described the care being delivered by staff and the person's chosen lifestyle.

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

- The person, and those important to them, worked with the registered manager and staff to develop and improve the service. They were clearly happy and comfortable in their home and interacted and communicated confidently with staff and the registered manager.
- A relative told us they were very closely involved with the service and had daily contact with staff, but felt sometimes they were not listened to. They said, "It is the right place for [name]; I know how difficult she is to care for. In the last year though I have been feeling quite unsettled about things. I have felt I need to complain or get funny about things to get things done and I shouldn't have to. I wouldn't want [name] to move though." We discussed this issue with the registered manager who told us they would speak with the relative and ensure they improved communication and engagement with them.
- Staff encouraged and supported the person to be involved in their service as much as they were able to be. We saw staff were skilled at communicating with them; staff listened to the person and acted on what they said. Staff told us they had built a good relationship with the person and felt they put their needs and wishes at the heart of everything they did.

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

- The manager had worked hard to develop a culture in which staff valued and promoted the person's individuality, protected their rights and enabled them to develop and flourish. The registered manager said, "[Name] now has a set routine which has been developed over time; this is a structure she thrives with. We have worked towards goals which sometimes take years to achieve; these are a massive achievement for [name]."
- Staff were good at understanding the person, especially when they used nonverbal ways to communicate what they would like, what they didn't like or how they were feeling. Staff also knew when the person wanted to spend time alone and this was always respected.
- The registered manager was visible in the service, approachable and took a genuine interest in the person and what staff, family and other professionals had to say. They also worked 'on shift' to support the person so had a good understanding of their needs, the quality of care staff were providing and what improvements were needed.
- Staff told us they felt respected, supported and valued. Staff spoke openly about the care they provided and about the service more generally. They would be able to share their ideas and raise any concerns they may have with the registered manager without fear of what might happen as a result.
- The provider's recent staff survey results showed staff liked working for the provider, there was good teamwork, training opportunities and support. Staff felt they provided person centred care and were proud of this. There were very few improvements suggested by staff, but those mentioned were better communication channels and more team meetings. These had been highlighted and addressed by the provider.

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 service apologised to the person, and those important to them, when things went wrong. Staff gave honest information and suitable support and would apply the duty of candour where appropriate.
- The registered manager said, "I think this service is right for [name]. We don't get everything right all of the time, but we always say we're sorry; we don't hide it."

Working in partnership with others

- The service worked in partnership with other health and social care organisations, which helped to give the person a bespoke service which supported and improved their wellbeing and quality of life.