Cristal Care Limited

The Pleasance

Inspection report

Edlington Lane
Edlington
Doncaster
South Yorkshire
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 6 and 7 January 2016 and was unannounced on the first day. We last inspected the service in April 2014 when it was found to be meeting with the regulations we assessed.

The Pleasance Care Home is located on the edge of Edlington, with local facilities, shops and transport links close by. It has five houses on one site and provides accommodation and care for up to 15 people with learning disabilities or autistic spectrum disorders.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Systems were in place to keep people safe and staff were knowledgeable about safeguarding vulnerable people.

Staff enabled people to follow their preferred interests and be as independent as possible. People told us they liked living at the home and felt staff met their needs and supported them appropriately.

There were enough skilled and experienced staff on duty to meet people's needs and enable them to follow their hobbies and interests. The company's recruitment system helped the employer make safe recruitment decisions when employing staff. We found new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by refresher and specialist training to update and develop their knowledge and skills.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required.

People were fully involved in choosing what they wanted to eat and drink. They told us they planned their own meals, went food shopping and helped prepare meals.

Care files reflected people's needs and preferences, as well as any risks associated with their care. These provided staff with guidance about how to support people and keep them as safe as possible. Most support plans and risk assessments had been reviewed and updated regularly to ensure they were meeting each person's needs. However, information in one file was out of date and monthly evaluations had not always been consistently recorded.

People participated in a varied programme of activities that was tailored around their individual interests and preferences. They told us they enjoyed the activities they took part in and said they were fully involved in deciding what they wanted to do.

The provider had a complaints policy to guide people on how to raise concerns. There was a structured system in place for recording the detail and outcome of any concerns raised.

People who used the services had been encouraged to share their views on the service provided at regular meetings and care reviews.

We found a system was in place to check if company policies had been followed and the premises were safe and well maintained, but it was not as comprehensive as it could have been.

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.

Systems were in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Care records identified potential risks and provided staff with guidance on supporting people.

There was enough staff employed to meet peoples' needs. We found recruitment processes helped the employer make safe recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely which included key staff receiving medication training.

Is the service effective?

Good

The service was effective

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a structured induction and a varied training programme was available, which helped them meet the needs of the people they supported.

People were encouraged to be involved in the planning and preparation of their meals, which offered individual choice.

Is the service caring?

Good

The service was caring.

People were happy with how staff supported them and raised no

concerns about the care and support they received.

We saw staff interacted with people in a positive way, providing support where required, while respecting their independence, preferences and decisions. They demonstrated a good awareness of how they should respect people's choices, ensuring their privacy and dignity was maintained.

Is the service responsive?

Requires Improvement

The service was responsive

People were involving in developing their support plans, which in the main reflected their individual needs and preferences. However, not all the information contained in the care files was up to date, and monthly evaluations had not always been consistently recorded.

People had access to various activities and stimulation that were tailored to meet their individual needs and preferences.

People were aware of how to raise concerns, and systems were in place to manage any complaints received.

Is the service well-led?

Good

The service was well led.

There were systems in place for monitoring the quality of the service provided. Meetings had been used to ask people if they were happy with the care and support they received and how the home was run.

A system was in place to check if company policies had been followed and the premises were safe and well maintained, but it was not used as comprehensively as it could be.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

The Pleasance

Detailed findings

Background to this 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 was planned to check whether the provider was 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.

The inspection was undertaken on 6 and 7 January 2016 by an adult social care inspector, and was unannounced on the first day.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion we had not requested the provider to complete a provider information return [PIR]. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were nine people using the service. We spoke with five people living at the home and spent time informally observing how support was provided, as well as how staff interacted with people.

We spoke with the registered manager and their deputy, as well as the administrator, a team leader and two care workers. We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care records, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with said they felt the home was a safe place to live and work, and our observations confirmed this. Where assessments had identified any potential risks, clear information was available to provide staff with guidance about how to minimise those risks. For example, records contained detailed information about what to do if someone living with diabetes had a high or low blood sugar level. One person we spoke with explained how they were being supported to travel into town on the bus in stages, so eventually they would be able to do this on their own. They indicated they were very happy with this arrangement as it enabled them to try new things while staying safe.

Staff we spoke with demonstrated a good knowledge and understanding of the care and support people needed and how to keep them safe.

We looked at the number of staff that were on duty on the days we visited the home and saw there was enough staff, with the right knowledge, skills, and experience to meet people's needs. As the houses were some distance apart we saw radios were used to communicate between staff. This helped to make sure additional assistance could be quickly available should it be needed. The registered manager said 'bank staff' were used to fill any staffing shortfalls and very occasional agency staff were used, but only as a last resort. This helped to make sure people received consistent care from staff who knew them well. People who used the service, and the staff we spoke with, confirmed this. They told us staffing levels were flexible to enable people to take part in their chosen activities.

Policies and procedures were available about keeping people safe from abuse and reporting any incidents or concerns. The registered manager was aware of the local authority's safeguarding adult procedures, which helped to make sure any concerns would be reported appropriately. Staff demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received training in this subject as part of their induction and at periodic intervals after that.

There was a satisfactory recruitment and selection process in place. We checked the files of three recently recruited staff and found that in the main they contained all the required information. This included at least two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, in one file there was only an online application form. The registered manager said this should have been followed up with a paper copy, which was used by the company to provided more information about topics such as the staff members past employment. The registered manager told us this was an oversight and took immediate action to address the issue.

The service had a medication policy outlining the safe storage and handling of medicines and the staff we spoke with were aware of its content. The deputy manager described a safe system to record all medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer

needed. We checked if the system had been followed correctly and found it had. We checked two people's medication administration record [MAR] which we found to be appropriately completed. Where controlled drugs were in use we saw there was specific storage available which met legal guidance. The service also had a controlled drugs register for each person receiving a controlled medicine.

When people were prescribed medicines 'to be given when required' [PRN] protocols were in place to tell staff what the medicine was for and when to give it. For example, when paracetamol was prescribed for occasional pain relief.

Senior staff who were responsible for administering medication had received training to update their knowledge and skills. We also found periodic competency checks were carried out to make sure staff were working to expected standards.

We saw where people were able to be responsible for their own medication this was encouraged. The deputy manager described how an assessment would be undertaken to make sure the person was able to undertake this task safely and this would be monitored by staff. Where people were taking responsibility for administering their own medicines we saw this was being done safely.

Regular internal audits had been carried out to make sure medicines had been given and recorded correctly. We saw that where shortfalls had been found action had been taken to address the issue. We also saw that the dispensing pharmacist also carried out an annual assessment of how medications were being handled.

Good

Is the service effective?

Our findings

People we spoke with told us they were very happy with the care and support they received. They said staff were supportive and responded to their needs and preferences, but encouraged them to be as independent as they were able to be. One person told us the staff were, "Lovely people." People explained to us how staff supported them by helping to arrange appointments with doctors and accompanied them to appointments if they required support.

Each person had a health file which detailed how the person should be supported to maintain good health and access healthcare services. We saw people had been assisted to access health care professionals such as dentists, opticians, GPs, district nurses, councillors and social workers. People's weight and wellbeing had also been monitored regularly and action taken to address any concerns. Where people had a specific health condition action plans were in place to provide the correct level of support. We saw staff had completed various training courses to help support people to maintain their health. These included health facilitation, diabetes and epilepsy awareness.

We found staff had the right skills, knowledge and experience to meet people's needs. Records, and staff comments, demonstrated that new staff had undertaken a structured induction that had included completing the company's induction training and shadowing an experienced staff member until they were assessed as competent. We saw new staff had, or were, undertaking the care certificate, introduced by Skills for Care in April 2015. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Records showed that new staff underwent a six month probationary period during which they received support meetings after one, three and six months to look at how they were progressing. After each meeting new objectives had been set to help them develop their knowledge and skills.

The registered manager was using a matrix to track when staff had attended training and when updates were required. This showed that some staffs training required updating. However, the management team had, or were, arranging further refresher training in these subjects to make sure all staff had updated their knowledge and skills.

Staff had access to a varied training programme that included essential training topics as well as specific training in respect of their job role. Topics covered included first aid, fire awareness, food hygiene, safeguarding vulnerable people from abuse and understanding people living with a learning disability and/or autism. We noted that no manual handling training had been facilitated. We discussed this with the deputy manager who said that currently no-one living at the home required manual handling. However, we discussed the possibility for this in the future, as staff may have to move people in an emergency, such as after a seizure or an accident. We were told this would be considered when planning future training.

Staff told us they were also encouraged to develop their knowledge and skills in other areas. For example, the deputy manager described how they had completed courses to develop their management skills. Other staff had either undertaken, or were undertaking, a nationally recognised care award.

Records and staff comments demonstrated that staff had received regular support sessions and an annual appraisal of their work performance. All the staff we spoke with felt they had received enough training and support to enable them to do their job well.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Policies and procedures on these subjects were in place and guidance had been followed. All the staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected. Care records provided details about people's capacity to make decisions. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005.

The registered manager told us that at the time of our inspection applications had been made to Doncaster Council in respect of two people living at the home for a DoLS authorisation. They said they had received verbal confirmation regarding one application, but they were waiting for the paperwork to evidence the council had authorised the DoLS. Copies of applications were seen. The registered manager demonstrated a satisfactory understanding of the legal requirements regarding making DoLS applications.

People who used the service told us they took responsibility for planning their own menus on a weekly basis, with support from staff if necessary. The people we spoke with described how they went food shopping and either prepared, or helped staff to prepare their meals. They said they decided what time they ate, which was usually arranged around the activities they were doing that day.

Care records contained information about people's dietary needs and any specific guidance staff needed to encourage them to eat a healthy diet. We saw the training programme included staff completing training in basic food hygiene and the importance of good nutrition.

Good

Is the service caring?

Our findings

People told us they were happy with how staff supported them. We saw staff respected people's wishes, treated them in a dignified manner and encouraged them to be as independent as possible. They supported people to determine how they spent their time each day and supported them to fulfil their aims and objectives.

Throughout our inspection we saw staff interacting positively with people. People told us staff were 'helpful' and 'caring'. Each person had their own flat where they could spend time alone, but there were also communal rooms where they could meet and talk with other people. People's comments indicated that staff respected their privacy and maintained their dignity at all times.

People we spoke with said they were actively involved in planning and reviewing the support they received. We saw staff respected each person as an individual, considering what they said they wanted to do and how they wanted to do it. This meant that people had control over what and how things were done.

People's needs and preferences were detailed in their care files. The staff we spoke with demonstrated a good knowledge of the people they supported, their needs, and their likes and dislikes. We saw people making choices and decisions about their everyday lives and going out into the community. This showed that people were treated as individuals and supported to do what they preferred.

Staff we spoke with gave clear examples of how they would offer people choice, and respect their privacy and dignity. We saw staff knocked on people's flat doors and waited for a response before entering. One care worker said, "Each person is an individual. It's about what they want. It's valuing people." Another staff member told us the home aimed to develop people's life skills adding, "We do things gradually with people so they feel empowered."

Each person's flat was personalised to reflect their preferences and interests. This included the décor, posters, furnishings and family photographs. Each person we spoke with told us they had chosen the colours for their flat. One person said their flat was to be redecorated soon and they had also picked the colour of the carpet and some furnishings.

People had access to information about how to contact independent advocacy services should they need additional support. Advocates can represent the views of people who are unable to express their wishes.

The registered manager told us they had links with the local hospital if they required any support or advice about meeting people's end of life needs. We also saw care files contained details of people's wishes regarding this subject.

Requires Improvement

Is the service responsive?

Our findings

During our visit we saw staff provided care and support to people in a personalised and responsive way. People we spoke with said they were happy living at the home and complimented the staff for the way they supported them. One person described the home as providing, "A very flexible way of living."

We saw interaction between staff and people using the service was very good and focused on the person's individual needs and preferences. Staff we spoke with demonstrated a good knowledge of people's preferences, which were recorded in the care files we sampled.

The registered manager described how people thinking of moving to the home were involved in a planned assessment process. This involved completion of a full assessment of the person's needs and gathering information from other sources, such as health and social care professionals. We saw the information collated had been used to help formulate the person's support plan. Staff told us the admission process was in stages, with people visiting the home before moving in. This was so they could meet the staff and people living there, and to look at the facilities available. One person who used the service confirmed they had visited the home on several occasions and then stayed overnight prior to deciding to move there.

Each person had care files covering support plans and risk assessments and health needs, plus a journal. The latter contained descriptive entries about how the person had spent the day, any personal care provided and what they had eaten that day. Some people also had a file that detailed any specific health care needs they had and gave staff step by step information about supporting that person to meet their health needs.

We looked at two people's care records. In one file the support plans had been evaluated and updated monthly, as expected by the company, to see if they were being effective in meeting people's needs, and changes had been made if required. However, in the other file evaluations had not been carried out consistently. We also found that additional guidance provided to staff about a medical condition had not been updated to reflect changes. We discussed these shortfalls with the registered manager who said they would ensure they were addressed.

People told us they took part in a programme of social activities that was tailored to their specific interests and hobbies. They said they were also involved in day to day tasks such as cleaning their flats, cooking, and organising their laundry. Throughout our visit we saw people coming and going as they pleased. One person told us they had just returned from the centre they attended. They went on to say they were undertaking an open university course and also enjoyed playing music, and going to the cinema. Other people told us about their involvement in activities such as shopping trips, work placements, attending art courses and going for pub meals, while other people said they preferred to spend leisure time in their flats.

People said staff enabled them to maintain relationships. One person told us they had a friend who stayed overnight at their flat, while other people talked to us about going to stay with family and friends.

The provider had a complaints procedure which was accessible to people using and visiting the service. There was also an 'easy read' version that included pictures to illustrated what to do if anyone wanted to raise a concern. Records showed that three complaints had been received over the previous year. We saw these had been acted on and the outcome documented. We also saw 13 compliments had been recorded.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

The majority of people we spoke with were enthusiastic about their lives at the home and said they were happy living there. They felt they had a say in how the home was run, especially in relation to their accommodation and how they spent their time. One person told us about the 'residents' forum' that held periodic meetings where people who lived at the home could discuss anything they wanted to and make suggestions to the owners. We saw the minutes from a feedback meeting held with the registered manager, one of the company directors and the chairperson of the meeting, who was someone who lived at the home. These showed that people's comments had been listened to and changes made. For example, people's food budgets had been increased.

The registered manager told us they had an open door policy and anyone could go and speak with them or telephone them. All the people we spoke with were complimentary about the management team, who they said were very available and approachable. During our visit we saw one person went to the office to ask the registered manager if they could have a chat, and shortly afterwards we saw they met in a quiet lounge. We also saw the registered manager carried out periodic out of hour's visits to the home to check how it was being run in their absence.

People living at the home had been encouraged to be involved in their care reviews, and the registered manager told us they had informal discussions with people on a regular basis so they could gain their views. We discussed the use of surveys as another way of gaining the views of people living and visiting the home with the registered manager. They said they would consider this for the future.

There was an organised staffing structure that helped to make sure the home ran smoothly. Apart from the registered manager there was a deputy manager and five team leaders overseeing the service provided. We were told some senior care workers were also training to stand in for the team leaders to cover for holidays and sickness. This helped to ensure there was always someone care workers could call upon for advice and guidance. The registered manager told us either they, or their deputy was also on call should team leaders require support.

Staff told us they attended staff meetings and supervision sessions where they could voice their opinions freely. The deputy manager described the different meetings which included team meetings' and 'core meetings'. The minutes of the meetings we sampled showed staff were fully involved in the discussions. These included general issues such as the premises as well as the needs of the individual people living in the house. A staff survey had been carried out in January 2015 and a summary of the outcome had been shared with staff. We also saw a staff bulletin was periodically issued to keep staff informed.

Staff said they felt they were listened to by both the registered manager and the deputy manager. They told us they felt the home was well run and the management team were approachable and very involved in the

running of the home. One staff member commented, "I feel they support us extremely well." When we asked staff if there were any areas they felt could be improved, the majority said they thought more communal in-house activities would be beneficial, such as a games room with a snooker table and a room for more in-house social events to be held.

Internal audits had been used to make sure policies and procedures were being followed. This included health and safety and medication checks. This enabled the registered manager to monitor how the service was operating and staffs' performance. Areas needing attention had been identified, but not all topics were covered in the audit system. For instance, audits on staff files and care records had not taken place so the shortfalls we found had not been identified and rectified. The registered manager said they would look at developing the audit system to include these topics. Following our visit we also received confirmation they had contacted the infection control nurse in Doncaster to discuss using a structured infection control audit at the home.

The registered manager told us a company director visited the home regularly to assess how it was operating. We saw copies of their monthly reports which showed they checked things such as had there been any incidents or complaints, as well as speaking to people who used the service and the staff on duty. We saw the registered manager also produced a monthly report which was submitted to the directors to inform them about how the home was operating, and any areas needing attention.

Doncaster Council had carried out an assessment of the service in 2014. An action plan had been devised for areas that needed improving. We saw an updated action plan that confirmed the recommendations had been addressed.

At their last visit the Environmental Health Officer had awarded the service a five star rating for the systems and equipment in place in the kitchen. This is the highest rating achievable.

In September 2015 the company had successfully achieved the Investors in People award. This is a nationally recognised framework that helps organisations to improve their performance and realise their objectives through the effective management and development of the people who work for them.

Policies and procedures were in place to inform people using the service and provide guidance to staff and had been updated periodically.