Crimson Hill Support Ltd

Crimson Hill Support

Inspection report

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Date of inspection visit:
14 February 2018

Date of publication:
03 April 2018

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

Crimson Hill Support provides support and personal care for people with learning disabilities and mental health conditions who live in their own homes. The agency is registered to provide personal care to people of all ages including children. They specialise in providing support to people with complex needs and behaviour that may challenge themselves or others. At the time of the inspection they provided personal care to approximately 50 people living in Somerset.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

There was a registered manager in post. 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.

People told us they felt safe. Staff understood how to recognise and report signs of abuse or mistreatment. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. The provider carried out risk assessments to identify any risks to people using the service and to the staff supporting them. There was a lone working policy, which staff knew about. Safe recruitment processes were completed.

There were sufficient numbers of staff available to keep people safe. There was a stable staff team which provided people with continuity of care. The rota recorded details of people's visit times and which staff would provide the visit. The registered manager or team leaders were on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them.

Staff supported people safely with their medicines if required. Staff followed good infection control practice. Staff knew the reporting process for any accidents or incidents. Records showed that the provider had taken appropriate action where necessary, and made changes to reduce the risk of a re-occurrence of an incident. The service had suitable processes to assess people's needs and choices, the registered manager went out to assess people prior to a package of care commencing to check the service could meet the person's needs.

Staff had appropriate skills, knowledge and experience to deliver effective care and support. All new staff completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector. Records showed staff

received comprehensive training, which enabled them to carry out their roles effectively. Staff received regular supervision and appraisal from the registered manager and team leaders. Staff completed food hygiene training, they knew about good practice when it came to nutrition and hydration.

Staff asked people for their consent before delivering care or support and they respected people's choice to refuse care. Care records showed that people signed a contract of care where they gave their consent to the care and support provided. All the people we spoke with said they had been included from the beginning in every aspect of planning their care.

The provider was responsive to people's needs. Staff supported people, and involved them, (as far as they were able), to draw up and agree their own support plan. All the relatives we spoke with said they had very good communication with all staff at every level and were involved in their relative's care.

The agency worked closely with health and social care professionals to ensure each person received a support package tailored to meet their individual needs. We spoke with professionals, who told us they could contact the provider by phone or email and they got a response straight away.

The provider sought people's feedback and took action to address issues raised. There was a system in place to manage and investigate any complaints. People had information about how to make a complaint in their care records and in their home. It was also available in an 'Easy read' format. The provider recorded incidents and accidents for patterns of behaviour. They used this information to consider any changes in a person's support needs and how staff could meet those needs.

There was a management structure in the service, which provided clear lines of responsibility and accountability. Staff were highly valued by the provider and their contributions were appreciated and celebrated.

There were effective quality assurance arrangements at the service in order to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. There were strong links with the community. Health and social care professionals
told us the agency was well managed. The provider had ensured they complied with all relevant legal requirements, including registration and safety obligations, and the submission of notifications.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Crimson Hill Support

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 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.

This inspection took place on 14 February 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location provides a supported living service for adults and children who are often out during the day. We needed to be sure that they would be in.

One adult social care inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service. At our last inspection of the service in July 2015, we did not identify any concerns with the care provided to people.

During our inspection, we spoke with the registered manager and seven staff. We looked at the care records and visited the homes of five people who received personal care. During these visits, we spoke with people, observed staff interacting with them and spoke with members of their family who were closely involved in their care and support. After the inspection we contacted two health and social care professionals and a further three family members to seek their views on the service.

We also looked at records relevant to the management of the service. This included staff recruitment files, training records, medication records, complaint and incident reports and performance monitoring reports.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "They help me do things I want to do." Another person commented, "Staff always listened to what I want." One relative said, "We have been on holiday for the first time in 15 years because we felt that our relative was in safe hands."

Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. There was an open and transparent culture. The provider encouraged staff to report any concerns. One staff member said, "We want to identify concerns as early as possible to help prevent potential abuse so we use a record of concern form kept at people's homes."

The registered manager understood their responsibilities to raise concerns and record safety incidents, concerns and near misses and report these internally and externally as necessary. Staff told us if they had concerns, management would listen and take suitable action. If the registered manager had concerns about people's welfare, they liaised with external professionals. We reviewed safeguarding referrals the provider had submitted to the local authority.

The provider carried out risk assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person, such as car journeys, accessing the community or falls. Staff supported people to develop their independence and normalise their lives. For example, the provider created jobs for people who used the service. One person said, "I done some training to staff about my condition, it helped my confidence." Staff told us the provider employed one person to some odd jobs such as car washes.

There were systems in place to safeguard and protect staff. There was a lone working policy, which staff knew about and staff said they could contact the registered manager at any time and they would respond. One staff member said, "The manager's phone is never off."

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. The provider obtained previous employment or character references together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

Some people had times when they could become unsettled or distressed. There was guidance in people's records on what action staff should take to support them at such times. One person stated, "Staff talk to me nicely which helps me to calm down."

There were sufficient numbers of staff available to keep people safe. The number of people using the service

and their needs determined staffing levels. The provider recruited staff to match the needs of people. For example, if someone could not drive but had the right skills, the provider offered a driver service to take them to and from the person's home. This was to maximise recruitment and provide an emergency backup if someone's car was to break down during their shift.

There was a stable staff team, which provided people with continuity of care. This enabled staff to build positive working relationships with people over time. People confirmed the same group of staff provided their support. The provider did not use any bank or agency staff, as they were able to cover all the required care visits from their existing pool of staff, rotas we reviewed confirmed this.

The provider produced a staff rota in advance. The rota recorded details of people's visit times and which staff would provide the visit. The registered manager or team leaders were on call outside of office hours and carried details of the rota and telephone numbers of people and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if staff needed to re-arrange duties due to staff sickness. People had been given the telephone numbers for the service so they could ring at any time should they have a query. People told us staff always answered phones, inside and outside of office hours.

The provider recorded five late or missed visits in January 2018, four were due to traffic constraints and one was due to staff not turning up which the provider managed through their supervision process. Relatives we spoke with said that staff always turned up, and if on a rare occasion there was a problem it was soon resolved. They gave an example of a staff car breaking down, telling us the provider had pool cars available that staff used.

Staff supported people safely with their medicines if required. The arrangements for the prompting and administration of medicines were robust. Support plans clearly stated what medicines the persons GP had prescribed and the level of support people would need to take them. Medicine administration records were kept as necessary to record when some people took their medicines. Senior staff carried out regular audits. All staff had received training in the administration of medicines, which the provider regularly refreshed. The service had a medicines policy which was accessible to staff.

Staff that followed good infection control practices protected people. The provider provided staff with personal protective equipment such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Staff knew the reporting process for any accidents or incidents. Records showed that the provider had taken appropriate action where necessary, and made changes to reduce the risk of a re-occurrence of the incident. Where incidents had occurred, the provider had used these to make improvements and shared and lessons learned with staff through team meetings and supervision. A staff member said, "We accept if we make a mistake and own up, we don't get judged, we work it through as a team and learn from it."

Good

Is the service effective?

Our findings

The service had suitable processes to assess people's needs and choices. Before they started using the service, the registered manager went out to assess people to check the service could meet the person's needs. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person and deliver care in line with current legislation, standards, and guidance.

Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. For example, One person's relative told us how staff supported the person using the service to dress in accordance with their preferences.

Staff had appropriate skills, knowledge, and experience to deliver effective care and support. One relative told us, "Staff knew how to handle (person's name) and get the best out of them." Staff completed an induction when they commenced employment, which included shadowing more experienced members of staff. Shadowing continued until the person and the service felt confident that they were comfortable and competent to carry out their role. All new staff completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector.

Records showed staff received comprehensive training, which enabled them to carry out their roles effectively. There was a system in place to remind staff when their training was due to be renewed or refreshed. Aside from the subjects the provider considered mandatory, for example moving and handling, infection control and health and safety, staff received training, which was relevant to the individual needs of the people they supported. For example, all staff had received training in mental health, personality disorders, and epilepsy.

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff said, "We have supervision every one month to six weeks." Another commented, "We can talk about anything we want support with. Managers listen to us if we bring ideas to improve things."

Some people required support at mealtimes to access food and drink of their choice. Staff completed food hygiene training and evidenced they knew about good practices when it came to food. One relative told us, "(Person's name) had a complex special diet, which was crucial to their wellbeing. Staff received two days training before they could be part of the care team and I assist in the delivery of this two-day training program." Another relative told us, "The staff take (person's name) shopping and cooks their meals." They also said, "Because there is continuity with staff, staff knew what (person's name) liked to eat."

The provider worked successfully across organisations to deliver effective care, support, and treatment. For example, staff had supported people to access services from a variety of healthcare professionals including

GPs, dieticians, dentists and district nurses. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One health and social care professional told us, "The provider has a can do and flexible approach; approaches are highly personalised. They can work with people with very complex needs."

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.

The registered manager and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff. Staff we spoke with knew how the Act applied to their role. Some people who used the service lacked capacity to manage their finances and we saw that appointees had been set up for these people. Staff knew what this meant for the people they supported. Staff had attended best interest meetings where professionals and family members made decisions on behalf of people who lacked capacity.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. At the time of the inspection, no-one receiving personal care from the service currently required this level of protection.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support. Care records showed that people signed a contract of care where they gave their consent to the care and support provided.

Good

Is the service caring?

Our findings

People were respected and valued as individuals and were empowered as partners in their care. Feedback on the service was positive. Everybody we spoke with told us the service was extremely caring. One relative said, "I have never had an issue, they are always kind and respect (person's name) privacy and dignity." They also gave the following example, "My relative is incontinent at night, and they get embarrassed so we all have a code we use when we need to tell each other what's happened." Other comments included, "I have a very good relationship with staff and the team leader is fantastic, always available and supportive, very good team." Another comment was, "I like them all, they are lively, and staff tell me it's not like coming to work when they come here."

We observed staff being kind, compassionate, and caring. Staff we spoke with demonstrated enthusiasm about their role. Comments from staff included, "What makes us unique is the person centred approach, if anything needs changing, we always consider what is best for the service user not what's cheapest or what is best for the staff." Another commented, "My shifts are eight and 10 hours that helps build relationships. "

One staff member told us, "I love working here, we listen to what people say and act on it" Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People we visited looked comfortable, content and well cared for.

All the people we spoke with said they had been included from the beginning in every aspect of planning their care. For example, one person showed us a protocol for verbal disengagement. They explained how they worked with staff to create the protocol and how it helped them recognise when they needed to contact staff for additional support. Another person told us, "Staff go extra ten miles, just in everything." They explained, "Staff are usually early for their shift." "They take me shopping, for a coffee; staff even took me to Colchester to visit a project which I am interested in." This person also said, "Crimson have given me a small job training staff on personality disorder."

Staff practice was consistent with the Equality Act 2010. Staff sought accessible ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. For example, staff had supported one person to use simple Somerset Total Communication signs through use of photos and a storyboard to communicate how they were feeling.

The provider supported people to achieve their potential. Staff worked with people to increase their independence by encouraging them to learn new skills. People told us they had gained confidence in their homes. One person said, "I learned to hoover, and I sleep I'm sleeping much better now." Another person said, "I have weekly visits to go home now."

Good

Is the service responsive?

Our findings

The provider was responsive to people's needs. Staff supported people, and involved them where possible to draw up and agree their own support plan. Where appropriate, the provider consulted with other people involved in people's care and involved them when drawing up their support plan. This included care managers and close family members. The support plans were detailed, clearly set out and easy to read. They provided a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them. The plans were written in the first person and gave explanations to the staff such as, "I like to do," "I will ask you to do," "I will tell you to "and "I am not keen on."

All the relatives we spoke with said they had very good communication with all staff at every level and were involved in their relative's care. A relative said, "When I have my relative home once a week for lunch, I use a tablecloth and napkins and this helps the mealtime go more smoothly, I suggested the staff did the same on other days. The provider immediately implemented this. Because I am in regular contact with staff it, all seems to be going ok. I would like to think it is a two-way thing, I can tell them, and they can tell me. It's in the best interest for my relative at the end of the day."

The service provided staff with the time and training required to provide people with compassionate and personalised care. For example, The service supported one person with a diagnosed medical condition. Staff could not work with this person until they had completed relevant training. The provider took the time to research everything they could about the condition and worked alongside staff to offer them support with this work. Staff held their own discussion groups in order to ensure absolute consistency of care and support of the situation. Staff worked closely with social workers and family members. Staff found this both challenging and rewarding The persons dietary needs were now stable staff considered this to be a successful outcome.

We spoke with two professionals, one of which told us, "Strengths of Crimson Hill I feel with myself are communication. I am able to contact by phone or email and I get a response straight away. The contact I have had from the director of company to team leaders have been professional in their approach. Carers appear to have empathy for the people they support. The other told us, "The provider has a can do and flexible approach - approaches are highly personalised. They can work with people with very complex needs."

The registered manager sought people's feedback and took action to address any issues raised. Although there had been no recent complaints at the service, there was a system in place to manage and investigate any complaints. The provider underpinned this with a policy and procedure, which staff knew. People had information about how to make a complaint in their care records and in their home. It was available in an 'Easy read' format. People we spoke with were aware of this and told us they were confident the provider would deal with any complaint to their satisfaction. One person told us they knew how to make a complaint and had received a copy of the complaints procedure. One relative said, "Never had a complaint, but I know who to contact and have all the phone numbers."

The provider recorded and analysed incidents and accidents for patterns of behaviour. They used the information to consider any changes in a person's support needs and to plan how staff could meet those needs. They kept all relevant people such as relatives and health and social care professionals informed of incidents and accidents and sought advice on any further actions necessary.

At the time of the inspection, no one was receiving end of life care. Staff where aware to liaise with the person's GP and the district nurse team in the event someone did require end of life care.

Good

Is the service well-led?

Our findings

The provider had a clear vision to deliver high-quality care and support that promoted a positive culture. Care and support was person-centred, open, inclusive and empowering and achieved good outcomes for people

All of the feedback we received throughout the inspection was positive. People and their relatives consistently told us they were satisfied with the care and support they received. We observed a mutual respect between people and staff. People told us the registered manager was a good leader. 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.

The registered manager worked closely and on a daily basis with people. The registered manager had a proactive style of leadership which people told us they appreciated and responded to. It was evident the registered manager strived for excellence through consultation and reflective practice. They were passionate and dedicated to providing an excellent service to people. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people they cared for. This meant they were totally committed to providing the best service they could deliver, resulting in the best possible outcomes for people.

There was a management structure in the service, which provided clear lines of responsibility and accountability. The service had two directors, both from different backgrounds and with different areas of expertise and interest, which staff could draw upon to share best practice. The directors made any decisions about the development of the service collectively. The registered manager was one of the directors. Staff told us the directors had a, "Can do' approach. There is always a solution."

Team leaders who were field and office based supported the registered manager. There was also a team of administrators based in office. There was a positive culture in the service, the management team provided strong leadership and led by example. There was a culture of support and cohesiveness amongst managers and staff. There were monthly manager's meetings and monthly staff meetings. People spoke highly of the staff. One person said, "The staff are amazing. Especially the managers". One relative we spoke with described the registered manager as, "Very approachable."

Staff were highly valued by the provider and their contributions were appreciated and celebrated. There were a range of incentives for staff. Every year there was a Christmas Party, which was free to staff members. One staff member told us they had a summer ball where they could bring friends and family. There was also an annual loyalty bonus linked to shift cover over the Christmas period.

One relative described how staff kept in regular touch with them and invited them to monthly reviews of their relatives care package. People told us they were, "Very happy." All of the staff we spoke with told us the

registered manager was excellent. Comments from staff included, "She's involved in everything we do." Another said, "Nothing is too much trouble." A further staff member told us, "She goes out and does care so knows the clients well."

There were effective quality assurance arrangements at the service in order to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been extremely positive. There was also
a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included checking medicine records were accurately completed, monitoring care plans were to a good standard and regularly reviewed and monitoring accidents and incidents. There was a culture of openness
and honesty. Feedback on the service was encouraged and sought through a number of forums, including staff survey and team meetings.

The provider had ensured they complied with all relevant legal requirements, including registration and safety obligations and the submission of notifications. They displayed the previous Good rating issued by CQC in the front reception area. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were also policies in relation to grievance and disciplinary processes.