

Crimson Care Limited

# Crimson Manor

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Crimson Manor is a residential care home providing regulated activity to up to 20 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 16 people using the service.

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

The management of people's weights required improvement as these were not consistently recorded. Most of the audits we looked at were effective, although some needed further detail. Feedback had been gathered by the provider from people and relatives. Findings were acted on and the provider looked at ways they could improve the survey in the future. People, relatives and staff were complimentary about the running of the home.

Risks to people were assessed, monitored and reviewed. We observed a moving and handling incident on the day of inspection and found the provider took appropriate action. People's care plans sufficiently reflected their needs.

People received their medication as prescribed. Staff were trained and assessed as competent in administering medicines.

People felt safe living in this care home and their relatives agreed. Staff received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff who had been safely recruited to the home.

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.

Learning opportunities were identified and acted on. Infection control was discussed at a staff meeting and signage related to COVID-19 was on display in the home. Staff wore their PPE correctly.

People had an enjoyable mealtime experience. They received freshly cooked food and were complimentary about the meals. Special dietary needs were being met.

People received access to healthcare when they needed it. The provider had developed working relationships with healthcare partners.

Suitable adaptations had been made to the home to support people living with dementia. The provider adopted innovative models of care for people living with dementia.

Staff communicated well with people living in the home and showed empathy towards them. Staff were able to describe how they protected people's privacy and dignity. A programme of activities people responded well to was taking place and plans were in place to have external entertainers return to the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 11 October 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our caring findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Crimson Manor

## 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

This inspection was carried out by two inspectors. On 6 May 2022, an Expert by Experience made phone calls to people's relatives and representatives. 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

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

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

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 and professionals who work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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 used all this information to plan our inspection.

During the inspection

We spoke with six people who lived in the home and five relatives. We also spoke with three care workers, the cook, the activities coordinator and the handy person.

We reviewed a range of records. This included two people's care records, as well as medication records. We looked at the recruitment of two staff members as well as a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider was not always managing risks to people's care appropriately which meant people were at risk of unsafe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Steps were taken to reduce risks to people. We observed a moving and handling incident on the day of inspection. We shared this with the registered manager who reminded staff about moving and handling procedures they were expected to follow.
- We looked at falls risk assessments and saw these were sufficiently detailed. People had pressure relieving equipment in place. Staff were able to demonstrate an understanding of risks to people.
- Personal emergency evacuation plans and a fire risk assessment were in place. Fire drills had taken place in December 2021 and May 2022. These were evaluated in detail and included areas showing where lessons were learned.
- Certificates relating to the maintenance of the premises and equipment were found to be up-to-date.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at this home and their relatives agreed.
- One person told us they were happy with the care they received and they felt safe. One relative said, "I do very much think that (name of person) is safe."
- Staff received training in how to protect people from abuse. Staff we spoke with consistently showed a good knowledge of safeguarding processes and how to recognise and report signs of possible abuse, including to external agencies.

### Staffing and recruitment

- People and relatives we spoke with felt there were sufficient levels of staff in the home.
- One person told us, "Staff are always around, they come and ask me if I need anything."
- On the day of our inspection, we observed staff had a visible presence in the home and attended to people's needs in a timely way.
- We looked at recruitment records and found relevant background checks had been carried out before staff commenced working.

### Using medicines safely

- The management of medicines was mostly safe.
- One relative told us their loved one had been refusing to take medication. The relative said they had been in touch with staff who tried their best along with help from the doctor. The relative said, "They (staff) seem good at medication."
- The administration of medicines was done well and good infection control standards were maintained between administrations.
- Staff told us the registered manager emphasised the importance of not using medicines to manage people's behaviour. Staff looked to support people in less restrictive ways.
- Staff were trained in medicines management and their competency had been recently assessed. Protocols for the use of as required medicines were found to be in place. Regular medicine audits were being completed.

#### Learning lessons when things go wrong

- Evidence provided by the registered manager following this inspection showed learning opportunities were identified and acted on.
- The registered manager responded positively to feedback we provided around one person's refusal of medication and shared this learning with staff.

#### Preventing and controlling infection

- At the time of our inspection, a clinical waste bin stored next to the main road was found to have been over-flowing. The provider had attempted to resolve this with an external contractor. Following our inspection, this was resolved.
- We saw two people's toothbrushes were stored on a shelf in their bedrooms, although others were found to be suitably stored. The registered manager took immediate action to address this.
- In a staff meeting dated 30 March 2022, infection control responsibilities were discussed and included staff using chlorinated products to clean three times daily as well as reminding them about ensuring the home was adequately ventilated.
- Signage in the home reminded visitors and staff about the importance of maintaining good hand hygiene. During our inspection, staff were seen wearing PPE correctly.

#### Visiting in care homes

Relatives confirmed they were able to visit the home as normal. Before our inspection, the home had an outbreak of COVID-19 and had made relatives aware of this. One relative we spoke with was unaware of essential care giver status and said they would have liked to have visited the home. The registered manager told us relatives were asked if possible, not to visit during this period to help with the management of the outbreak. However, the registered manager said there were no restrictions and relatives could still visit the home during this period. Relatives told us they had been able to keep in touch with their loved ones throughout the pandemic.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found the provider's compliance with the Mental Capacity Act 2005 (MCA) was inconsistent as some records were not completed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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 checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were offered choice and control in their daily living.
- One person told us they were able to make decisions around their daily living routine.
- We asked people about choice and control and their responses included, "I am lucky as I can come and go as I please", "(Staff) explain what they are doing before they do it" and "Staff ask me what I want."
- People had mental capacity assessments in their care records. These were general assessments and not decision specific. Following our inspection, the provider told us their new care planning system would record decision specific mental capacity assessments with accompanying best interest decisions. We saw consent to care was being recorded.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing support.
- Staff told us they received a suitable induction to prepare them for working in the home.

- Training records we looked at showed staff received the training needed for their role. The registered manager said mandatory training was included in the staff induction. Two senior care workers confirmed they received training in the care planning system the provider had recently changed to.
- A staff member told us they received supervision support from the registered manager and deputy manager. They said these meetings were helpful and provided an opportunity to raise any issues.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were responsive when people needed access to healthcare.
- Relatives told us, "If I have any concerns they (staff) are quick to react" and "(Name of person) is well taken care of in this area and if there is something wrong, staff will get help."
- On the day of our inspection, one person had a medical episode. We observed that staff organised an ambulance for this person and were attentive to their needs.
- We looked at how another person's physical health was being managed and saw staff had responded in the way described in their care plan if they became unwell.
- People had hospital passports which are documents shared with hospitals that describe the key needs of the person.

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

- Staff supported people to have enough to eat and drink.
- One person said, "The food here is excellent, I love most of it." Another person commented, "They do a really nice fish and chips on a Friday." A relative added their loved one enjoyed a roast dinner on Sunday.
- People had an enjoyable mealtime experience. They were given choice and control over what they wanted. People were served fresh vegetables with their meal which looked very appetising. Staff were attentive throughout the meal and offered people extra food. There was a pleasant atmosphere. In the afternoon, we saw people were offered cake and a drink.
- Staff were fully aware of people's dietary needs and where needed, specific ingredients to meet those requirements had been purchased.
- The registered manager introduced an initiative called 'Jelly Drops' which was a way of promoting good hydration for people. This was being developed at the time of our inspection.

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

- The home provided a pleasant living environment and adaptations had been made to meet people's needs.
- We saw four bedrooms in the home had been refurbished and redecorated to a high standard. These updates were expected to continue throughout the home.
- Where needed, people had been provided with assistive cutlery and crockery which showed how people were supported to remain independent with their meals.
- The home was able to offer people an enclosed garden. We saw this space being used on the day of our inspection. Garden furniture meant people were able to sit out and enjoy this area. One person told us, "If we want, we can go outside."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they were admitted to the home. This meant the service could ensure they were able to meet those needs beforehand.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt well cared for by the staff team and their relatives agreed.
- We witnessed positive interactions between people and staff throughout the day of inspection. It was clear that staff knew people and their preferences well.
- People told us, "There's very good staff and I like them all. They come to check if I want anything and help me as much as they can. You don't realise how nice (staff) are until you come to a place like this." Another person said, "The staff are very helpful." Relatives we spoke with commented, "(Staff) are very kind to (person) and make sure they don't get too anxious" and "The staff are a real credit to the home. (Staff) work really hard to look after (people) and they always help."
- A relative told us, "After I have taken (person) out, staff are great at greeting at the door when (person) arrives back and ask whether (person) has enjoyed themselves."
- Crimson Manor valued the importance of the therapeutic effect that pets and objects can have on people, particularly those living with dementia. A staff member told us "(Name of person) has a dementia baby (doll). (Person) enjoys caring for it." The home also had a cat and a dog which the registered manager told us had therapeutic benefits and helped to calm people when they became anxious. A relative who we asked about these therapies said, "They have been great. They have a therapy dog."

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

- People and relatives were routinely involved in decisions about their care.
- One person told us, "I have a care plan and staff talk to me about it."
- Relatives comments included, "I have been liaising with a member of staff and this was done well", "We've had a meeting. The manager is really helpful and really 'on it'" and "They've asked about what food (person) likes and their hobbies."
- People were supported to take part in decision making in the home through resident meetings which we saw were taking place regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their privacy and dignity.
- One person confirmed they were supported to be as independent as possible. They said, "Staff are very helpful. I feel they support me as much as I need."
- We asked relatives if they felt their loved one was treated in a way which respected their dignity and privacy. Their responses included, "Absolutely, (staff) have asked how my (relative) wants to be addressed" and "Yes, without a doubt." Another relative said they appreciated staff checking on their family member

during the night and ensuring their continence needs were sensitively met.

- We observed staff knocking on people's bedroom doors before entering and asking if it was okay to enter. One staff member told us they protected people's dignity during personal care by covering them whenever possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found quality of care plans was variable; some areas of people's care plans were individualised, other areas lacked detail in relation to important areas of their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at provided sufficient information about people's care needs, preferences and life history.
- At the time of our inspection, the service was moving to electronic care records. The registered manager made us aware they had arranged for people's nominated relative to have full access to the person's care records. This meant they would be able to see details of the care provided for their family member.
- Staff were supported to understand and meet people's care planned needs through learning and development. One staff member told us they had been given the opportunity to look at care plans as part of their induction.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the importance of meeting people's communication needs, including where these were linked to sensory needs and for people living with dementia.
- Communication needs were assessed as part of people's admission and care planning process. We observed staff communicating with people living with dementia using short sentences and not asking multiple choice questions. People were given adequate time to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A lively and engaging program of activities was taking place.

- The provider followed an internationally recognised programme of activity for people living with dementia which was called Namaste Care. This had been placed on hold during the pandemic, but restarted from March 2022. The registered manager noted the impact this had on people's wellbeing and how people who were reluctant to engage in 'traditional' activities had been notably more responsive to Namaste Care.
- On the day of our inspection, a group of people were sat in the lounge and were being led by an enthusiastic activities coordinator. They engaged with people in exercise to music which helped to keep people physically active. This was followed by a quiz and then singing of well-known songs. We observed people were getting involved and enjoying themselves. People were laughing and appearing to have fun. Everyone sat in the lounge was taking part in some form.
- The activities coordinator enjoyed poetry and had written a poem about each of the people living in the home. We saw these on display and found these were particularly person-centred.
- In the dining room, we overheard the activities coordinator asking a person if they wanted to go to a drop-in centre for a breakfast on a date in the near future. A member of staff told a relative that external entertainers were expected to start coming back into the home the week after our inspection.

#### Improving care quality in response to complaints or concerns

- There was a system in place for managing complaints and this was on display in the home.
- The registered manager told us there had been no formal complaints raised with them. One person and their relative told us they knew how to complain if they were dissatisfied.
- Another relative told us they had raised a concern about missing laundry and noted this was sorted to their satisfaction.

#### End of life care and support

- End of life care and support was provided in partnership with visiting professionals.
- In the case of a prior death in the home, GPs were called out as needed and end of life medicines were prescribed. This person's relative was regularly visiting and district nurses were involved. These steps helped ensure this person had a dignified death.

# 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 requires improvement. At this inspection the rating has remained as requires improvement. This meant the service management and leadership was not always consistent.

At our last inspection we found management oversight was not robust and quality assurance was not effective. The provider did not act on feedback for the purposes of improving the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were needed regarding recording of people's weights and ensuring systems of audit were consistently robust.

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

- We became aware of an incident which was not formally reported to us at the time it occurred in December 2021. This information was incorporated into another notification for the same person we received two weeks later, which meant this was not reported without delay. It also meant we were not provided with details around how this injury occurred at the time this event happened. Following our inspection, the registered manager reported this information separately.
- Providers are legally required to clearly display their last inspection rating. This was on display in the home and on the provider's website.

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

- The recording of people's weights was not organised. Some records were on paper and others were electronic. We looked at both and found weights were not consistently recorded, including for one person who needed weekly monitoring. However, there had been no impact on this person.
- The April 2022 nutrition audit stated, "Certain residents need more attention within nutrition due to refusals." It was not clear who this was referring to.
- The medication audit for April 2022 had shown room and fridge temperatures were being recorded, although we saw the last recorded temperature was 31 March 2022.
- Other audits we looked at were more robust. The provider openly identified through bath and shower audits that people's preferences were not always being met. However, follow-up audits also showed improvements were being made and an identified action to discuss this issue in a staff meeting had been completed.
- Equipment audits were taking place to ensure, for example, mattresses, pressure cushions, walking frames,

wheelchairs and nurse call systems were in working order.

Other audits covering activities, the kitchen service and nutrition were found to be effective at identifying and responding to issues found.

- Staff showed a good understanding of issues regarding people's care. We attended a staff handover meeting and observed that key updates were shared with the staff team coming on to the following shift.

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

- People, relatives and staff were supported to be engaged and involved.
- We asked relatives if they would recommend the home and their responses were, "I've nothing but good things to say about them", "Yes, I would and I'm fortunate that (name of person) is there" and "I would, and I have recommended them. I feel that it's a really good care home. The staff really go the extra mile."
- A satisfaction survey for people and relatives dated February 2022 showed high levels of satisfaction and included an action plan where the provider had carefully thought about ways to improve systems.
- We saw evidence of monthly meetings for people and staff. We noted the recording of the meetings for people living in the home were limited to activities and food provision in April and May 2022.

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

- There was a calm atmosphere in the home on the day we inspected. One relative told us, "It always seems very calm in the care home."
- Staff told us the culture created by the registered manager was positive and one in which they felt at ease and able to approach them.
- Relatives comments about the registered manager included, "(Registered manager) is very caring and is a good manager", "The manager is very fact based and get things done" and "The manager was good in how she (dealt with a specific issue)."
- Three staff members spoke positively about the support they received from the registered manager. One staff member said, "The staff are absolutely lovely and (registered manager) is supportive. I go home with a big smile on my face knowing I am helping."

Continuous learning and improving care

- The registered manager looked for ways to improve the service people received.
- The February 2022 satisfaction survey included specific learning points for future surveys, such as not having included COVID-19 specific questions, monitoring the suitability and engagement levels with activities and staff feeling more confident in responding to relative concerns and better management of the laundry service.
- Following our inspection, the registered manager told us they were appointing another activities coordinator which meant there would be more coverage across the whole of the week.
- The registered manager told us they were set to introduce a tool to assist staff in the overall management of pain within the home. This was discussed at the staff meeting in April 2022.

Working in partnership with others

- Staff worked in partnership with a range of healthcare professionals which was evident throughout our inspection.