

Crimson Hill Support Ltd

# Crimson Hill Support

## Inspection report

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29 September 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Crimson Hill Support is a supported living and domiciliary care service which provides support to people in their own homes. The service provides support to people with a learning disability and/or autistic people in Somerset. They also provide a respite 'short stay' service for people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 13 people were receiving personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People had plans in place to guide staff on how to support them if they became anxious or upset, the plans were not always regularly reviewed or updated. Records demonstrated staff were not always using appropriate restraint on people. The service recorded when staff restrained people, improvements were needed to ensure staff learned from those incidents and how they might be avoided or reduced. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not fully support this practice. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. People were able to pursue their chosen interests.

### Right Care

Staff were aware of the signs of abuse and they were aware of how to report any concerns through the appropriate channels. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff promoted equality and diversity in their support for people. Improvements were required to ensure risks to people were fully assessed and mitigated.

### Right Culture

The systems to monitor the quality of the service were not fully effective in ensuring shortfalls were identified and actioned. Staff turnover had been high, which meant people were supported by agency staff, this was improving. Staff understood people well and were responsive to their needs.

People and those important to them, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff valued and acted upon people's views.

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 good (published 04 April 2018).

#### Why we inspected

We received concerns in relation to safeguarding. During the inspection we identified safeguarding concerns relating to the use of restraint. You can see what action we have asked the provider to take at the end of this full report.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crimson Hill Support on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Crimson Hill Support

## 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.

#### Inspection team

Two Inspector's and a member of the medicines team carried out the inspection visits and an Expert by Experience made phone calls to people's relatives. 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

This service provides care and support to people living in their own homes and 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 27 September 2022 and ended on 07 October 2022. We visited the location's office on 27 and 29 September 2022.

#### What we did before the inspection

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

service improvement and safeguarding teams who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and seven relatives about the care and support provided. We reviewed a range of records. This included seven people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training, audits and staff meeting records were reviewed. We received feedback from seven professionals that were involved with people using the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always fully protected from the risk of harm. We reviewed incident reports that demonstrated incidents they were not always being effectively managed.
- Some people supported by the service could become anxious resulting in them harming themselves or others. People had plans in place guiding staff on how they should support people at these times. The plans were not always detailed, up to date or reviewed regularly. Plans referred to 'high' and 'low' level restraint holds without any details of what holds staff should use and when. Incident forms recorded staff had on occasions used unplanned and inappropriate restraint for one person.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, we raised a safeguarding alert with the local authority relating to the use of restraint.
- Most of the staff spoken with told us they found incidents were manageable and they had the right training and support. One staff member told us they would benefit from up to date training in managing incidents. The registered manager had held meetings to look at additional support measures for staff, they had also contacted health professionals for their input.
- Staff spoken with told us restraint was only ever used as a last resort to keep people safe. There were on call protocols in place to enable staff to receive advice and support if needed.
- Staff received training in de-escalation techniques and restraint, the training was certified as complying with the Restraint Reduction Network Training standards. There were some gaps in the training records, the registered manager had plans in place to address this.
- People told us they were happy with the staff supporting them. Relatives told us they thought their loved ones were safe. One relative said, "[Name of person] has improved so much under Crimson Hill Support, they are now safe and happy. They are lovely staff and I can see [Name of person] is happy."
- Staff received safeguarding training. Staff were aware of the signs of abuse and they told us they would report any concerns through the appropriate channels.
- Staff were aware of the whistle blowing procedure and they could report any concerns outside of the organisation if there was a need to.
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required.

### Assessing risk, safety monitoring and management

- There were a range of risk assessments in place. Areas covered included, accessing the community, a deterioration in people's mental health, activities and the environment.
- We found some areas of risk had not been assessed. These included the use of physical restraint and the risk of one person experiencing a reoccurring health condition. Although staff were able to tell us what action they would take in response to the persons health deteriorating, there was no formal risk assessment or protocol in place. We discussed this with the registered manager who told us they would address this.

### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded on the providers systems. All incidents were reviewed by the registered manager who monitored them for any themes. Incidents of restraint were not always reviewed in a timely manner to ensure any immediate actions were taken. We discussed this with the registered manager who told us they would address this.
- Staff told us they were offered debriefs following incidents and any learning was shared with the team. The registered manager told us all incidents involving physical restraint would involve a face to face debrief to review the incident with staff.
- Team meetings were held to discuss any specific concerns and learning within the team.

### Staffing and recruitment

- People had individual hours commissioned to meet their needs. Staffing was arranged to meet these hours. There were some staff vacancies within the service. These were covered by staff picking up additional hours and regular agency staff.
- We received some mixed feedback from relatives relating to the consistency of staffing. One relative told us, "There have been a lot of changes in staff, but they are addressing it."
- Staff told us staffing had improved and shifts were covered. One staff member commented, "Yes we have enough staff, we have a good solid team." Where there were shortfalls in staffing, staff we spoke with confirmed the senior staff and managers would provide support.
- We reviewed the staffing rotas and saw shifts were planned; agency staff were used where required.
- Staff were safely recruited, and appropriate checks were carried out including those with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups of people would be identified.

### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- People received support from staff to make their own decisions about medicines wherever possible.
- People could take their medicines in private when appropriate and safe.
- Staff made sure people received information about medicines in a way they could understand.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given in accordance with the person's wishes, and when assessing risks of people taking medicines themselves.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff received medicines training. The service was in the process of developing a robust system for medicines competence assessments.

### Preventing and controlling infection

- There were systems to help prevent and control infection. Staff followed good infection control practices



and used personal protective equipment (PPE) to help prevent the spread of infections.

- Staff received training in infection control and prevention. Staff confirmed they had access to enough PPE.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor and improve the quality and safety of care provision. Improvements were required to ensure the systems were fully effective in identifying and addressing shortfalls.
- The systems had not ensured all of people's positive behaviour support plans were regularly reviewed, updated and contained enough details and guidance for staff. Where incidents of unplanned and inappropriate restraint had been used, the systems had not ensured this was acted upon in a timely manner.
- The provider had a range of policies in place. We identified two policies that needed reviewing to ensure they were up to date and reflected current practice and legislation.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- People told us they were happy with the care and support they received, and they liked the staff supporting them.
- Staff told us morale had improved and they worked well together as a team. Staff were positive about their work, the people they supported and the management team.
- The registered manager and senior team were providing support to staff around developing the culture and teamwork. This involved regular core team meetings to discuss any concerns. One staff member told us how the meetings were used to enable everyone to share their views, feel listened to and valued.
- Staff told us their aim was to ensure people lived a fulfilled and meaningful life, they understood the importance of promoting people's independence.
- One relative told us, "They [Staff] are proactive rather than reactive. They work well together. They can answer questions and help. They go the extra mile. If there is a problem, they will solve it. We work as a team."
- Relatives knew who the registered manager was, and they thought the service was well managed. One

relative told us, "They are great. There is the [Registered] manager and team leaders. I feel I can speak to them about issues."

- Staff also commented positively about the registered manager and management team. One staff member told us, "[Name of registered manager] is brilliant, they are approachable, such a wealth of knowledge and so fair, a really nice person to work for."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their responsibility to act openly and honestly when things went wrong. Relatives confirmed they were kept informed. One relative said, "They let us know what is going well and what isn't going well. they inform us and we can have input."

- The registered manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.

- Staff knew they had to report concerns to their managers and were confident that these would be acted upon.

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

- There were systems in place to receive feedback from people, their relatives and staff. Meetings with people's relatives were held to discuss people's care and support.

- Staff feedback was requested via an annual survey. Actions were created in response to the feedback received.

- People, relatives and staff were updated with new information via newsletters. Areas covered included, staffing updates and training

Continuous learning and improving care; Working in partnership with others

- The registered manager used a range of internal and external sources to keep themselves up to date with current knowledge and practice. For example, subscriptions to various online organisations, webinars and training.

- Although staff told us they discussed any learning in team meetings, learning from incidents of restraint was an area for improvement.

- The service worked in partnership with a range of health and social care professionals. These included; social workers, GPs, pharmacies and other health professionals.

- We received positive feedback from professionals regarding the management and service. One professional told us, "I was impressed with their leadership and management skills throughout. They always attended pre-arranged meetings and appointments, were responsive to any concerns or queries raised, completed agreed actions in a timely manner, and implemented our service's recommendations as expected." Another professional commented, "I have been very impressed not only with the support they offered to people, but also the communication with me."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure appropriate restraint was used to prevent the risk of harm. .</p> <p>Regulation 13 (4) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure the governance systems fully effective in identify shortfalls and addressing them.</p> <p>Regulation 17 (1) (2) (a)</p>