Crystal Management Services Limited

Crystal Homes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced focused inspection took place on 26 May and 2 June 2016.

We carried out a comprehensive inspection of Crystal Homes on 26 and 27 November 2015. We found breaches in seven regulations. The provider failed to manage medicines and recruitment safely. Staff did not receive supervisions or appraisals and feedback from people and their relatives had not been sought. The provider failed to audit the quality of the service or notify CQC about changes to management arrangements.

This report only covers our findings in relation to those legal requirements that were not met by the provider at our previous inspection. You can read the report of our last comprehensive inspection by selecting the 'All reports' link for Crystal Homes on our website at www.cqc.org.uk

Crystal Homes is a residential care home situated in Brockley, South East London. It provides accommodation for up to four people with mental health needs. The service is provided by Crystal Management Services Limited. At the time of the inspection there were three people were living in the home.

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.

At this inspection we found the service had addressed some of our concerns but required further improvements to be made. We found people were not receiving safe care and treatment. People's medicines were not balanced checked, recorded or disposed of safely. Staff were insufficiently trained to use medicines, audits failed to detect failings and where required risk assessments had not been carried out.

People were at risk of being supported by unsuitable staff as the provider did not operate a robust recruitment process. The provider had not verified the employment histories of staff. People were not receiving effective care because some staff were unsupervised and did not their performance appraised by the manager.

The provider had gathered the views of people on an on-going basis through a number of methods including meetings and surveys. The views of relatives were also actively sought and relatives were informed of forthcoming health and social care appointments they could attend.

The registered manager was in post and submitted notifications to CQC as required. Quality auditing failed to detect and act upon shortfalls in service delivery.

The overall rating for this service is 'requires improvement.' However the service remains inadequate in one key question and therefore remains in 'Special measures'. The service will be kept under review and will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. People were at risk of not receiving their medicines as prescribed.

Medicines not for use had not been disposed of appropriately.

People's medicines were administered by staff who were insufficiently trained in safe medicines administration.

The provider operated recruitment practices which were not robust.

Is the service effective?

Requires Improvement

The service was not effective. People were supported by staff who were not supervised or appraised.

Is the service responsive?

Good

People's views were gathered on a continuous basis by the provider and acted upon.

The provider sought the views of relatives and kept them abreast of appointments they could attend if people wanted them to.

Is the service well-led?

Requires Improvement

The service was not well led. Audits of quality were inadequate and did not detect failings in service provision.

The registered manager was in post and ensured CQC received notifications.

Crystal Homes

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Crystal Homes on 25 and 26 May and 2 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 26 and 27 November 2015 had been made. The team inspected the service against four of the five key questions we ask about services: is the service safe, is the service effective, is the service responsive and is the service well-led. This is because the service was not meeting some legal requirements.

This inspection was undertaken by two inspectors.

During the inspection we spoke with the registered manager, company director and one member of staff. We reviewed three care records and three medicines records. We also looked at the files of five members of staff.

Inadequate

Is the service safe?

Our findings

At our last inspection on 26 and 27 November 2015 we found that people were not receiving safe care and treatment. The provider had arrangements for managing medicines which were unsafe. This put people at risk of not receiving their prescribed medicines. The provider also failed to consistently record the administration of medicines correctly.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the provider was still in breach of Regulation 12. People were not kept safe by the provider's medicines practices. Medicines were not appropriately managed. We saw a large quantity of medicine sealed in a plastic bag in the medicines cupboard. Staff told us that the items were wrongly labelled by the pharmacy with incorrect instructions for administration. Although this error was identified by the service, the incident was not documented and the medicine was not returned to the pharmacy for three months. We asked the service to remove the medicines from the cupboard and process for return before we finished the inspection.

People's medicines could not always be accounted for. The quantities of medicines in the medicine cupboard could not be reconciled with the quantity received from the pharmacist or with the administrations signed for on the Medicines Administration Record (MAR) charts. We saw documented records that people declined to take their medicines as prescribed on several occasion when offered. Staff told us they would inform the care coordinator when people refused their medicines however we did not see documented evidence of these communications or any resulting action plans. This could put people at risk of harm since their medicines were not taken as prescribed.

People going on weekend leave from the service were given a small quantity of medicine from their individual dispensed stock items. However, we did not see any documentation in people's care plans to evidence that appropriate risk assessments had been carried out to ensure that medicines were taken safely and as prescribed.

People did not always receive medicines from staff trained in safe medicine administration. Records showed that staff responsible for administering medicines in the service had not completed appropriate training. The manager told us the service provided in house training on the administration of medicines to staff. However we did not see any records of training provided or the materials used to provide the training.

The service continued to be in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our 26 and 27 November 2015 inspection we found that the provider operated staff recruitment processes which were not safe. People were supported by staff for whom the provider had not obtained satisfactory references, full employment histories or criminal and barring records checks.

This was a breach of Regulation 19 (2) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some improvements but not enough to meet the requirements of the regulations. We checked the records of two newly appointed staff. We found that both had submitted application forms, had been interviewed and submitted to Disclosure and Barring Service (DBS) checks. The DBS checks the details of prospective staff against data bases listing criminal convictions and inclusion on lists barring individuals from working with vulnerable adults. This enables employers to make safe recruitment decisions. We found the application for one new starter did not provide addresses for references, the job title of referees, details of where they had lived for the past three years or their full employment history for the last ten years, as requested on the application form. The provider explained that references had been obtained for this member of staff but was unable to provide them. This meant the provider could not confirm the staff member's suitability to work with people.

This was a continued breach of Regulation 19 (2) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 26 and 27 November 2015 we found that people were receiving support delivered by unsupervised staff. None of the permanent or bank staff working in the service had received supervision or appraisal from the manager

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found that three out of five staff had received supervision. We reviewed the minutes of one to one supervision meetings that staff had been given and found that these were delivered by the team leader rather than the registered manager. However, the team leader did not receive supervision or appraisal from the manager. This meant staff were supervised by a colleague who was not themselves supervised by the registered manager.

People were supported by staff who did not have their skills and knowledge appraised by the registered manager. We found that four out of five staff had not had an appraisal. This meant staff did not have their performance evaluated or the opportunity to discuss and plan their developmental needs.

The service continued to be in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Good

Is the service responsive?

Our findings

At our last inspection on 26 and 27 November 2015 we found that the provider had not formally sought the views of people and the relatives about the service being received.

This was a breach of Regulation 17 (1) (e) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements. The service sought people's views through a variety of means including, resident's meetings, key working meetings and surveys of people's views. We reviewed minutes in relation to these meetings and found they were person centred. For example, we read that one person emphasised how important it was to share meal times with others. Records showed there were repeated references to the activities people enjoyed and we saw that people were supported to participate in them. This meant that feedback from people was sought from the provider who then acted on the information given to meet people's needs.

The views of relatives were also sought. We read completed survey forms from relatives and found the service had responded to suggestions relatives had put forward.

We found the service was no longer in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 26 and 27 November 2015 we found that audits of quality did not lead to action to address the shortfalls identified.

This was a breach of Regulation 17 (1) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found that the registered manager audited maintenance and repairs and carried out health and safety checks. We read the provider had commissioned a consultant to support the service to develop its auditing processes including the development of action plans. However, the consultant had not yet started and we found the provider's current audits of medicines did not detect the failings we identified in medicines management. Stocks of medicines that should have been returned to the dispensing pharmacy three months prior to our inspection were still in the medicine cabinet. The quantity of medicine in stock did not correspond with the medicines administration records. The auditing of staff files failed to identify failings in the recruitment process. This meant people were at risk because the provider did not demonstrate good governance by auditing medicines or staff recruitment records to identifying shortfalls and take action to address failings.

This is a continuing breach of Regulation 17 (1) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection on 26 and 27 November 2015 we found that a person other than the registered manager had been managing the service and that CQC had not been notified of the manager's absence for more than 28 days. These were breaches of Regulation 14 (1) (b) (2) CQC (Registration) Regulations 2009 and Regulation 15 (1) (a) CQC (Registration) Regulations 2009

At this inspection we found that the service had a registered manager in post. The registered manager was present on both days of our inspection and managed the service on a day to day basis. The manager ensured that CQC was notified of incidents and important events in accordance with their statutory obligations.

We found that the service was now meeting Regulations 14 and 15 of the CQC (Registration) Regulations 2009.