

Active Care Homes Limited

Crumble Cottage

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?	Good ●

Summary of findings

Overall summary

About the service

Crumble Cottage is a residential care home providing accommodation and personal care for up to 2 young people with learning disabilities or autistic spectrum disorder and who may have mental health needs. At the time of the inspection one person was using in the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People lived in an ordinary, family home which integrated well within the community. People were able to access their community and nearby shops. The location benefited people being able to access the countryside for walks and bike rides.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People were supported in the least restrictive way and education and learning was promoted.

Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service were leading confident, inclusive and empowered lives.

The service provided care and support that was person centred

People's needs were assessed, and care and support was planned and delivered in a person-centred way. People had very full and active lives. They had access to full time education and engaged in meaningful and varied social and leisure activities of their choice. People were protected from avoidable harm. We saw that people were comfortable in the presence of staff and people told us they felt safe. People's medicines were managed safely. There were enough staff to meet people's needs and they were recruited in a safe way that kept people safe.

People had regular access to healthcare services to make sure their health care needs were met. People's nutritional needs were met.

Staff received appropriate training, which was relevant to their role and to people's individual needs. Staff were clear on how to identify and report any safeguarding concerns.

People's health and wellbeing were well supported. 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.

The registered provider had a culture of learning and improvement. There was an effective system of governance in place to monitor and improve the quality and safety of the service. Staff worked well with partner professionals to meet people's individual needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crumble Cottage

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 Care Act 2014.

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

The inspection was undertaken by one inspector.

Service and service type

Crumble Cottage is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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. Due to recent changes in the provider's management structure, the manager registered with CQC in respect of Crumble Cottage was no longer managing the service on a day to day basis. There was a manager in post who was registered to manage other services run by the provider. The manager intended to apply to add Crumble Cottage to their registration.

Notice of inspection

We gave the service short notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the person using the service to gain their experience of the care and support provided. We spoke the manager, who was part of the person's support team and was providing direct support that day.

We reviewed a range of records. This included one person's assessments and care plans, and medicines records. A variety of records relating to the management of the service, including meeting minutes, some and quality assurance records and policies and procedures were reviewed.

After the inspection

We reviewed records in relation to staff recruitment and training, and further quality assurance records. We spoke with a member of support staff, and three professionals involved in supporting people's health, social care, and education. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibilities for protecting people from abuse.
- One person told us they liked and felt safe with the staff who supported them. People were relaxed and responded positively when they were approached by staff. This showed they felt safe and secure in their surroundings and with the staff.
- The professionals we spoke with said they felt the service was safe. Comments included; "[Person] is safe. [Person's] key worker supports [person] so well," and "They [staff] have built very good relationships with [person]."

Assessing risk, safety monitoring and management

- People's care plans and risk assessments included details about all risks relevant to them as an individual. They included information about the measures for staff to follow to keep people safe and maintain their dignity.
- Staff understood how to support people to reduce the risk of avoidable harm.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. Regular checks were completed to identify risks associated with the environment and equipment. Risks were assessed and managed to ensure people remained safe.

Staffing and recruitment

- Appropriate staff recruitment checks were undertaken to ensure staff were suitable to work with the people they were supporting.
- There were enough staff to support people's care needs in a timely manner. Staffing levels were assessed on an individual basis, and people living at the service received one to one support.
- People received good continuity of care as they were allocated a core staff team, so the same group of staff provided the person's support. As well as their skills and experience, staff were matched with people based on having similar hobbies and interests.

Using medicines safely

- Medicines systems were well organised, and people received their medicines as prescribed.
- The service followed safe protocols for the receipt, storage, administration and disposal of medicines.
- The manager undertook regular audits and appropriate action was taken to address any errors or omissions identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents were reported and analysed to learn lessons and help reduce risk.
- Staff took the time to understand people's behaviour and what may cause them anxiety or distress. The partner professionals told us that, since moving to Crumble Cottage one person's anxiety and distress had reduced significantly. All confirmed this was because the staff knew them well, provided support and stability and worked very positively with the person. The manager told us the person had settled well and was becoming more confident in expressing their feelings.
- Staff reflected on their practice and placed a continued focus on supporting people's dignity and safety. Discussions took place after any incident to encourage people and staff to share and learn from their experiences.

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.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Detailed assessments of people's individual needs and choices had been completed. This included positive behaviour support plans, which identified proactive strategies designed to improve a person's quality of life and minimise the conditions likely to lead to people becoming distressed.

Staff support: induction, training, skills and experience

- Staff received ongoing training which was tailored to the needs of the people who used the service. We saw positive examples where staff applied their training to good effect.
- Staff were supported by the management team through regular one to one discussions with their line manager.
- Staff were very complimentary about the support they received from managers.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction were met.

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

- The service supported people to eat, drink and maintain a balanced diet.
- Plans for eating and drinking were developed collaboratively with people and their dietary needs and preferences were known and respected.

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

- The physical environment was homely, comfortable and appealing.
- The decoration reflected people's tastes and met people's sensory and physical needs.
- There were some minor repairs needed in the kitchen. An action plan arising from a recent visit by the local authority's infection control team indicated the repairs were planned.

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

- People's care records showed they were supported to access a range of health and social care services.
- People had assessments and plans in place in relation to their physical and mental health needs. It was evident that people were encouraged to live healthy, active lives. One person enjoyed being active and walking was important to them, helping to maintain good emotional balance. Staff accompanied them for walks daily.

- Staff were made aware of any changes to people's needs through regular handovers and in-house meetings. Staff also attended multi-disciplinary meetings, sharing information with relevant professionals.

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 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.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were assessed as lacking capacity to make a particular decision, there was evidence best interest processes had been followed to help ensure people's rights were protected.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty.
- Where planned interventions were necessary for people's safety, the principles of the MCA had been applied, to ensure the service was supporting people in the least restrictive way.

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.

This is the first inspection for this service. This key question has been rated 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 using the service were treated as individuals by staff who were kind and caring.
- People were very positive about the staff who supported them.
- Staff spoke with affection and respect about the people they supported, and it was evident they had built positive relationships with them. Staff were proud of people's achievements.
- The management team led by example. We saw very warm and respectful interactions between people and the manager.

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

- People were supported to express their views and make decisions in a variety of ways. Staff respected the choices they made.
- Staff members told us people's routines were based on their preferences and they always gave people choice. For example, when getting up they supported people to choose clothes to wear and what they would have for breakfast. People confirmed this. One person said, "I choose when I go to bed and when to get up."
- We saw people offered opportunities to make choices. For instance, their leisure activities and when they wished to do them. People chose when and what they ate. One person said, "I chose my food."
- One professional said, "[Person] likes to be active and staff make sure [person's] choices are respected, so [person] is constantly engaged in the activities of their choice."

Respecting and promoting people's privacy, dignity and independence

- People's plans placed a strong emphasis on treating people with dignity, respecting their privacy and encouraging people to be as independent as possible.
- Staff were aware of the importance of promoting privacy and dignity when supporting people. When people wanted time alone this was respected.
- Staff were enthusiastic about supporting people to learn new skills, to grow as people and to become more independent. Staff told us of several instances where people had gained confidence.
- People were learning to live more independently. Staff helped them to develop their independent living skills by engaging them in tasks such as keeping their home clean, shopping and cooking. One professional told us staff worked well with one person's education team, mirroring any work being done with the person around independent living skills at home.

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had good access to meaningful social stimulation. Staff supported people to engage in a range of activities. This continued to develop as people tried different experiences and decided what they wanted to do on a more regular basis.
- The professionals we spoke with gave very positive feedback about the way people were supported to follow their interests and have a full and rich life. One person was in full time education during the week, where they had access to a range of educational support, including out in the broader community. One person told us they really enjoyed walking, and loved looking after their pigeons, which they kept at a nearby allotment.
- Staff supported people to have contact with their families, friends and others in the community. One person told us they regularly met up with a family member for sports sessions.
- The service met people's needs related to equality and diversity. Staff helped people with advocacy, cultural and spiritual support, including their preferred form of worship.
- There was also a strong focus on meeting people's sensory needs. This contributed to a positive behaviour approach for people. We saw people were supported to use technology, such as personal handheld devices. This was both, as a chosen leisure activity and to help develop their independence.

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

- Each person had comprehensive, personalised care and support plans in place. These were reviewed regularly to make sure they reflected any changes in people's needs and wishes.
- People's likes, dislikes and what was important to them were recorded in their plans in some detail, so care and support were personalised.
- Staff worked as part of a small team, which meant they knew people well and were aware of their preferences. Staff described how they endeavoured to ensure the care and support they provided was tailored to individual needs.
- Reviews were undertaken involving people and those important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared in ways people understood.

- People's communication needs were identified as part of the initial referral and assessment process and reflected in their care plans.
- We saw a combination of communication methods being used. This included the spoken word, pictures, sign language to support speech, body language and gestures. Staff understood how to communicate effectively with people and listened to what they said.
- Written information was presented in ways relevant to people's individual communication needs. This included the use of accessible formats and pictures to help people to understand and engage.

Improving care quality in response to complaints or concerns

- The provider had a clear and accessible complaints procedure.
- People told us they knew how to raise concerns, and who with. They said they were very happy with their service and had no complaints to share with us.
- No recent complaints had been recorded. The manager explained staff recognised how people usually expressed they were upset or unhappy. This meant any minor issues were picked up and addressed in positive ways, before they developed into complaints.
- Staff we spoke with showed a very good knowledge how people expressed themselves. We were assured any complaints made would be investigated and responded to in an open and positive way.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture at the service was open, welcoming and inclusive of people's individual needs and diversity, supporting people to achieve their goals.
- People told us they were very happy that Crumble Cottage was their home. They said they liked the staff who supported them and felt happy and secure.
- Staff told us they felt well supported and loved their jobs. They spoke highly of the manager and company directors and the support they provided.
- The professionals told us there was a strong emphasis on providing person centred support and supporting people to develop and achieve their goals.

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

- People, those important to them and staff were asked for their views about the service through a variety of mechanisms.
- The manager took opportunities to asked people for their feedback on a daily basis, It was clear that people's opinions were respected and acted upon to improve their opportunities and quality of life.
- The registered provider also asked people and their relatives to complete surveys about the quality of the service on a regular basis.
- Staff supervisions and meetings were held regularly and covered a range of topics. Staff also completed a survey which gave them the opportunity to identify ways the service might be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager provided clear leadership and was aware of the responsibilities of the duty of candour. Regular audits were carried out by the manager to review and improve the quality and safety of the service. These were effective in identifying and addressing areas for improvement.
- Audits were also carried out by the company directors to assess the quality of the service. This included ensuring the manager was undertaking their role effectively and working in line with regulatory requirements.
- The manager had a good understanding of their role in ensuring good governance and compliance with legislation.

- Staff we spoke with were clear about their responsibilities. They were professional and open when speaking with us about their role and the people they supported.
- Staff told us they could approach the manager for support at any time and they always responded.

Continuous learning and improving care

- The manager was routinely involved in people's day to day support and had a good rapport with people. Interactions were very positive, good humoured and relaxed. People told us they felt they could talk to the manager and key worker about anything.
- The manager took on board opinions and views of people, those important to them, and other professionals. This contributed to the culture of continuous improvement in the service.
- Staff meetings provided opportunity for the provider to cascade important learning and information sharing, as well as enabling staff to share their views and ideas.
- A limited number of accidents and incidents had occurred since the service began operating. It was clear learning from these was used to improve the service.
- The systems and processes for audit, quality assurance and questioning of practice were effective. Learning from audits and incidents were shared with all the provider's care services.

Working in partnership with others

- People were supported by a range of health, social care and education partner professionals. Feedback we received showed the staff in the service had built positive working relationships with these professionals.
- The service was very much appreciated by those they worked in partnership with. For instance, the professionals we spoke described the service to one person as, "Brilliant."