Crystal Hall Limited

Crystal Hall

Inspection report

Whittingham Hall
Whittingham (Whittingham Hospital Grounds)
Preston
Lancashire
PR3 2JE
Tel: 01772 861034
Website: www.example.com

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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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was a routine scheduled inspection and was unannounced.

Crystal Hall is located in a rural area of Preston. The property is a period farmhouse with purpose built extensions. There are well maintained grounds surrounding the property, which include an external aviary, enclosed courtyards, a sensory garden and Japanese ornamental garden. The Registered to accommodate a maximum of 67 people at any one time and at the time of our inspection 65 people lived there. Crystal Hall specialises in the care and treatment of Mental Health in younger adults and in particular

Summary of findings

specialist care categories of: Bipolar/Manic Depression • Challenging Behaviour • Head/Brain Injury • Huntington's disease • Multiple Sclerosis • Parkinson's disease and Schizophrenia.

The home is required by a condition of registration with the Care Quality Commission (CQC) to have a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.' The service has had a registered manager in place since 2011. However this person had recently changed role in the organisation and whilst this person remained connected to the home in a quality assurance role for Crystal Hall, a new manager had been appointed and their application for registration with CQC had been submitted.

There were systems and processes in place to protect people from the risk of harm. All of the people we spoke with told us they felt safe in the home whilst all the staff we spoke with said they felt supported and encouraged to raise concerns.

Staff we spoke with were all able to demonstrate a good understanding of people who used the service and were able to tell us about different aspects of people's care and triggers which may affect some people's behaviour. Staff we spoke with all told us that there were sufficient numbers of staff to cope with difficult and challenging situations if they arose. This meant that people who used the service were protected against avoidable harm.

Care records reviewed showed a detailed assessment had taken place before people moved into Crystal Hall. Once there, the service engaged with people who used the service through an assessment and planning process. For those people who were unable to participate fully we saw evidence that the home had liaised with relatives and, where necessary, advocates. Where people may display behaviour which challenged the service, we saw evidence in the support records that assessments and risk management plans were in place. This meant that the home obtained sufficient information to manage people's risks in an appropriate manner.

Crystal Hall was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) Codes of Practice. The MCA and DoLS provide legal safeguards for people who may lack the capacity to make some decisions for themselves and who may have restrictions placed on them in order to ensure they receive the care and treatment they need and to protect them from harm. The codes of practice are statutory guidance which people with responsibilities under the act are expected to follow.

The home had policies and procedures in relation to the MCA and DoLS. Care records we viewed showed that formal tests of people's capacity to make certain decisions had been tested and documented. Staff we spoke with all had a good understanding of the MCA and DoLS. We saw evidence of the involvement of other professionals and Independent Mental Capacity Advocates (IMCAs). We saw that all paperwork for any person who was the subject of a DoLS authorisation was correct.

People who used the service who we spoke with all told us that they felt their needs were being met. One person told us: "I can't look after myself on the outside. I have dementia and this is the best place for me".

Prior to the inspection the provider had given us details of health and social care professionals involved with the service. We contacted these people and those that replied told us that people who used the service were well-cared for by all members of staff and their individual needs were well met.

Staff we spoke with across all three units of Crystal Hall during the inspection all told us that they felt supported. They confirmed having received induction and supervision regularly. Supervision records were checked which confirmed what we had been told. This meant that staff were and felt supported to perform their role.

The provider told us that staff had received regular training in mandatory subjects such as the safeguarding of vulnerable adults, the mental capacity act 2005, medication, infection control and control and restraint. Staff we spoke with confirmed they had received this training and people who lived there told us that staff were able to meet their needs. This meant that people were support by staff with sufficient knowledge to provide safe and appropriate care and support.

Each person had an individual, completed and updated care plan in accordance with a recognised model of care planning for people with mental health needs. Care plans

Summary of findings

contained a range of completed risk assessments which had been regularly reviewed and updated. We observed that where changes had been made care staff had implemented changes required. People who lived at Crystal Hall told us that they were happy at the home and received the care they needed. Which meant that staff followed and responded to people's individual care plans.

We observed the lunchtime meal period and found that where necessary staff assisted people who needed assistance in a relaxed and un-hurried manner. This helped to ensure people found mealtimes a pleasurable experience.

A wide range of activities were provided both in-house and in the community. People who lived at Crystal Hall told us they had plenty to do. We observed people leaving and returning to the home throughout the day. Which meant people were able to involve themselves in meaningful activities or to spend time on their own or in the community.

All staff we spoke with had a good knowledge of individual people they cared for including their likes and dislikes. We observed staff demonstrate compassion in care by treating people in a kind and dignified manner. Staff told us that they always tried to provide a homely environment, with a friendly in approach. People who lived at Crystal Hall told us the staff were responsive, caring and treated them with dignity and respect.

Staff told us that they received support from the managers and were able to raise concerns. We were informed by all the staff we spoke with that regular and good quality handovers took place between shifts and that they found these were useful especially if they had been off for a period.

We saw that there was a compliments/complaints box which was accessible to people who used the service as well as others who visited the home. People who lived at Crystal Hall told us they led their own meetings, set the agenda and complaints and compliments were discussed freely and openly in this forum. People we spoke with told us that the manager investigated and responded to people's complaints.

There were effective systems in place to monitor and improve the quality of the service provided. Action plans, in response to audits and incidents, and the following up of these ensured continuous improvement. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

Observations on the day of our inspection told us that the home was in good repair. A slightly unpleasant odour in a couple areas of the home noticed at first had gone later in the day. We also saw some bumps in the carpet although these were not sufficient to pose a risk of harm to people walking over them. Cleaning schedules we looked at had been maintained and completed by the domestic staff on a daily basis and were up to date. All of the rooms for people who used the service we went in were clean and well maintained.

Summary of findings

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.

People told us they felt safe at Crystal Hall. Staff spoken with had an understanding of the procedures in place to safeguard vulnerable people from abuse and had received training on this subject. Sufficient staff were on duty at all times to manage risk and keep people safe.

We found individual risks had been assessed before people arrived at Crystal Hall and identified as part of the care planning process. Measures had been put in place to manage any risks in a safe and consistent manner.

The service followed the codes of practice for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people's human rights.

Is the service effective?

Good

The service was effective.

People who used the service who we spoke with all told us that they felt their needs were being met. Staff we spoke with had a good understanding of people they cared for and had received appropriate training to perform their role.

People received a varied and balanced diet. Regular checks were made of people's weight and fluid intake and where problems arose referrals were made to relevant professionals.

The day to day health needs of people were met and professionals who had contact with the service all told us that the service responded well to people's needs.

Is the service caring?

Good

The service was caring.

People we spoke with all told us that the staff were responsive and caring. Throughout our inspection we observed good interaction between staff and people who used the service.

We saw evidence that those people who were the subject of restrictions as part of their planned care and treatment were supported by independent advocates.

People were supported to maintain relationships, hobbies and take part in activities to promote their independence. Where necessary staff supported people who needed assistance.

Is the service responsive?

Good

The service was responsive.

The care plans and risk assessments we looked at were updated and reviewed regularly and did address the individual needs of patients. People we spoke with confirmed that staff were aware of their preferences, interests, likes and dislikes.

People who lived at Crystal Hall were offered a range of social activities. We saw people coming from and going into the local community throughout our inspection. A number of people who used the service had brought their own pets into the home and were supported by staff to care for them.

Summary of findings

People who used the service had their own forum in which any concerns or complaints could be raised. People told us that they were responded to.

Is the service well-led?

Good

The service was well led.

People we spoke with all told us that they felt involved with the service. Regular meetings took place. Staff felt well supported and received regular supervision and appraisal. People who used the service and staff told us management were approachable and listened to them.

There were systems in place to monitor the quality of the service provided. We saw a range of checks and audits completed by the manager. Any incidents had been reported appropriately and lessons learnt.

The service was open to external audit and, by meeting required core standards, had received accreditation with national quality standard bodies for the training and development of people.

Crystal Hall

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors, one of which took the lead. We had a specialist advisor in the care of people with a Mental Health diagnosis and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert by experience for the inspection at Crystal Hall had experience of mental health services.

The last inspection was carried out on 21 August 2013, when there were no concerns identified and we found the service was meeting all standards looked at.

Before our inspection on 08 July 2014 we reviewed the information we held on the home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We reviewed information about the service which the provider had sent to us prior to the inspection and asked professionals who had involvement with the service for their thoughts and information on the service provided. This helped inform what areas we would focus on as part of our inspection.

During the inspection, we spoke with 12 people who lived at the home, one relative, 11 support staff, the previous registered manager, who now supported the home in a quality assurance role, and the provider. The current manager was not available on the day.

We also received information from the commissioning department and safeguarding teams at the local authority as well as several NHS commissioning groups, and health and social care professionals in order to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included people's care records for eight people who used the service, staff training records and records relating to the management of the home. We pathway tracked a number of people who used the service and in particular those people who had some restrictions placed on them as part of their care and treatment. Pathway tracking is a way of checking how people were being cared for at each stage of their treatment and care.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The provider, who was on site during our inspection, explained that all people who used the service at Crystal Hall had a primary diagnosis of a mental health disorder. Some people who had been there a number of years had also acquired a secondary diagnosis of dementia.

Prior to the inspection we made contact with a number of health and social care professionals who had regular contact with Crystal Hall. We were told: “There are a number of staff on duty at any one time and from what I have seen they appear to interact well and have positive working relationships with the residents”. Another told us that the service tried a variety of different strategies to address behaviour which challenged the service. They were successful at this but would not hesitate to ask for help if required.

The home engaged with people who lived there through a collaborative assessment and planning process with those who were able to participate, as well as liaison with families and, where necessary, advocates of those people who were unable to contribute to their care planning. This allowed the home to assess if they could meet the person’s physical and mental health needs safely.

Care records reviewed showed a detailed assessment had taken place before people moved into Crystal Hall. Staff we spoke with were all able to demonstrate a good understanding of people who used the service and were able to tell us about different aspects of people’s care and triggers which may cause challenging or aggressive behaviour in some people. A professional told us: “I have attended the home as an AMHP undertaking mental health act assessment work and have found the staff generally informative about the resident and their presentation to help my decision making”. AMHP stands for approved mental health professional with additional training and powers under the Mental health Act 1983.

We spoke with people who lived on all units at Crystal Hall. All the people we spoke with told us that they felt safe. People said: "I feel really safe here, they care for me really well". "I like to leave my room open all the time, nothing ever gets pinched". And: "It's the nicest place I've been in".

Crystal Hall used formal safeguarding procedures to share information with partner agencies to protect people from harm. The provider had informed us about a large number of incidents, reported to the local authority as safeguarding alerts since the last inspection. We spoke with the local authority safeguarding team about these incidents. We looked at records; care plans and spoke to staff about these incidents in order to see how they had been dealt with. We also spoke with other health care professionals who had regular contact with people who lived at the home. We were told and saw from records, most had involved the same small group of people who lived there and had involved incidents of aggression towards other people who lived there or staff. healthcare professionals we spoke with informed us that the home dealt with such incidents well and the home had put appropriate measures in place to keep people safe.

All the staff said they felt supported and encouraged to raise concerns. Staff told us they were aware of the individual plans and said they felt able to provide suitable care and support, to keep people safe whilst respecting people’s dignity and protecting their rights. One member of staff told us: “When I first came here I was quite scared but now I’m fine. We have sufficient information and help to manage people”.

Where people may display behaviour which challenged the service, we saw evidence in the support records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators which might trigger certain behaviours. Staff we spoke with all told us that there were sufficient numbers of staff to cope with difficult and challenging situations if they arose. All were able to tell us what they would do if they were to witness any form of abuse and to whom they would report. The home had policies and procedure in place about the safeguarding of vulnerable adults. This meant that the home had systems in place to deal with abuse and challenging or aggressive behaviour.

Other than a basic awareness, staff received no specific advanced training in Huntington’s Disease, a condition which several people who used the service suffered from. There had also been no specific training in challenging behaviour and de-escalation techniques however staff said they learn from the clinics of doctors and that the control and restraint training which they had received did cover these areas. The home manager did say training dates had been arranged to deliver this more detailed training to all

Good

Is the service safe?

staff. This will ensure staff have more understanding of conditions which can lead to incidents of aggression and provide the necessary information to develop skills to deal with such situations.

We spoke with staff to check their understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are legal safeguards to protect the rights of people who may not have the capacity to make some decisions around their care and welfare. Prior to this inspection the provider had supplied us data which indicated that only 20% of staff had received training in this area. We spoke with the provider about this during the inspection and were told that the percentage number was not always a true reflection as some new members of staff had not been employed long enough to receive this training. Some training was being done on the day of our visit, and all of the staff we spoke with were able to verbalise the main principles of the MCA and tell us what DoLS meant.

The provider informed us that one person who lived there was the subject of a DoLS authorisation and that several others had court orders issued by the Court of Protection (CoP) The CoP is a senior court in English law and makes decisions and appoints deputies to act on behalf of people who are unable to make decisions about their personal health, finance or welfare.

We looked at the records in relation to the DoLS authorisation. We saw that all applications to the local authority, known as the 'Supervisory Body', had been completed appropriately by the home and all relevant dates were correct and applications were within timescales. Copies of all documentation had been supplied to the relevant person and others spoken to during the process. Where conditions had been attached to the authorisation such as limits on intake of some substances we saw that these had been referenced in the relevant persons care plan.

A relevant person's representative (RPR) had been appointed. This is a person whose role is to represent the interests and support the person subject to the authorisation. We saw evidence of regular involvement of the RPR in care planning. For example the service had requested a review of the person's authorisation following a conversation with the RPR. All paperwork was kept in a separate section of the care plan. This meant that the home was following guidelines set out in the DoLS code of practice.

Care records we viewed showed that formal tests of people's capacity to make certain decisions had been carried out and we saw evidence of the involvement of other professionals and Independent Mental Capacity Advocates (IMCAs). For example one person was due to commence on covert administration of medication and the agreed care plan documented the involvement of a relative and the clinical pharmacist. The method of preparation and administration of medication had been clearly documented by the pharmacist in the care plan. A DoLS application had also been made and the relevant person's view was clearly documented. This intervention had not commenced at the time of this inspection, however the evidence seen meant the care home was implementing the best standard and approach for this intervention in accordance with the MCA code of practice.

Staff also told us, due to the complex needs of all the people who used the service, regular checks were completed every two hours. Head counts were completed and people's rooms were checked. Crystal Hall is a large home and this procedure helped staff to keep a track of peoples' whereabouts in order to keep them safe, in particular those subject to restrictions on their liberty.

The provider informed us that several people who used the service at Crystal Hall had 'Do not Attempt Resuscitation' (DNAR) agreements on their care plans. These documents only relate to cardiopulmonary resuscitation (CPR). We looked at a sample of these documents to see if best practice and MCA code of practice guidelines were being followed. We saw no clear evidence of the involvement of the patient's relatives on either forms we looked at. We discussed this with the provider as this meant there was a possible breach of the MCA code of practice as well as the person's human rights. Most of Most of the documentation had been completed by GPs as the 'Lead Professional' making the decision. The provider was aware of this concern. We were informed that the issue had been raised with the GPs who would not share such information. The provider needs to document these concerns and consult the Clinical Commissioning Group (CCG) about its concerns.

Good

Is the service effective?

Our findings

Crystal Hall was divided into three units each accessible for each other. As each catered for different levels of care we spoke to people and looked at a sample of care plans on each unit.

People we spoke with who lived at Crystal Hall told us that they felt their needs were being met. We were told: "I can't look after myself on the outside. I have dementia and this is the best place for me". And: "I have a new wheel chair which lets me get about more".

Prior to the inspection the provider had given us details of healthcare professionals who had regular involvement with Crystal Hall. We made contact with all of these people. Responses received were positive. Samples of comments made to us were: "I currently visit Crystal Hall on a four weekly basis to visit a client of mine currently under a DoLS. Each time I visit I find the staff to be helpful and accommodating, providing me with any information I require". "I have made referrals to the home and they have been very helpful and attempt to accommodate the needs of our service users with complex needs". "They try to ensure the placement is person centred i.e. allowing pets, promoting contact with family and enabling opportunity to cook a meal or a treat even when there on a residential basis. They have occupational therapy available to help promote activity away from the home so community links can be maintained. They try to introduce physical health opportunities such as walking and swimming. They have a very professional approach and are very keen to foster good relationships with other agencies".

Care staff we spoke with the nurse in charge on each on the three units and an occupational therapist told us that they felt supported in their role.

The provider informed us staff had received an induction and mandatory training such as the safeguarding of vulnerable adults, medication, food safety, moving and handling, health and safety, infection control, fire training, first aid and control and restraint.

Staff we spoke with confirmed having received induction and supervision regularly. All nursing staff knew people who used the service very well. They were able to explain the care plan of each of the patients when asked and tell us about individuals.

Staff said their training needs were met and all we spoke with had completed or were in the process of completing the mandatory training. This included awareness of the homes policies and procedures. One staff member told us: "I was introduced to people. I've done First aid, infection control and I'm due for safeguarding on Thursday. I've also done control and restraint and am doing my NVQ 2 training". Whilst another said: "I found the moving and handling very helpful. It was practical based and before I used to watch others and think how do they do that but now I know". One member of staff was able to give us an example of dealing with a person with Huntington's disease and how they were able to employ the skills learned during training to control the situation and how they had worked. This meant that staff were provided with sufficient knowledge to perform their role.

We looked at a sample of care plans from each unit. Each person had an individual, completed and updated care plan. Care plans were based around the 'Sainsbury' recovery approach model. This is an accredited form care planning and treatment about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. This was entirely consistent with the care which we saw provided for people during this inspection.

People who used the service told us: "The staff know how to handle me". And: "I'm here for rehabilitation, so far I do my own cooking, laundry and care for my room. I've only been here 6 weeks".

All of the care plans we looked at contained a nutritional assessment. We saw evidence of regular recording of people's weight and intake of fluids. Where changes were noted then referrals were made to the relevant professionals such as dieticians or GP. People told us: "The food is good and I've managed to lose weight here. It's just the right amount". Another told us: "The menu's boring and repetitive but a good standard". We looked at the menu and found it consisted of a variety of choices which included a mixture of fresh fruit and vegetables. This showed us that people's nutritional needs were maintained and monitored.

We observed the lunchtime meal period and found that where necessary staff assisted people who needed assistance in a relaxed and unhurried manner.

Good

Is the service effective?

Each person's care plan we looked at had a completed risk assessment, waterlow assessment and body map assessment for pressure sores and risk of falls assessment. Mental capacity act assessments and best interest discussions were fully documented and we saw occupational therapy and activity assessments and care plans in place.

There was evidence of regular review and involvement of the person and/or their relative or representative. Referrals had been made where appropriate to relevant external and internal professionals. As an example, for one person with dysphagia there was evidence of referral to Speech and Language Therapist (SALT) and an updated care plan. Dysphagia or difficultly with swallowing is usually a sign of a problem with the throat. Regular physical health monitoring and review was done by the General Practitioner and by the visiting independent advanced nurse prescriber. A nurse prescriber is a nurse who has additional training and been granted supplementary and extended prescription rights.

As another example, for one person there was an updated care plan regarding a grade 4 pressure ulcer. There was evidence the Tissue Viability Nurse was involved in the care of this person and had given instructions. The plan included a repositioning and turning chart which had been completed as instructed. There was documented evidence of involvement of the patient's carer and relative in the care of the patient. There was evidence of two attempts at referral and follow up to the Local authority safeguarding team as is required by NHS and local authority guidelines. This meant that when required or when people's needs changed referrals were made to relevant health services in order that they received on-going healthcare.

Good

Is the service caring?

Our findings

The provider informed us that they had policies and procedures in respect of people's privacy, dignity and respect. The service was appointing a number of 'Dignity champions from within the staff group. These people would promote dignity and respect throughout the home. We spoke with staff in order to check that they were aware of these policies and understood them. Staff gave examples of how they worked with people and got to know them. One staff member told us: "I try to make sure the care they provided is as if it's my own loved one". Staff told us that they were aware of the dignity champions and how their role was to monitor the service provided and ensure that people's privacy and dignity was respected.

We spent time in all areas of the home, including the lounge and the dining areas. This helped us to observe the daily routines and gain an insight into how people's privacy and dignity was respected. We observed staff knocking on people's doors and also asking if it was ok to enter. We observed one member of staff bring one person back to the home in a wheel chair who had been out to get some money. This member of staff then helped this person count out their money whilst engaging in friendly banter.

People who lived at Crystal Hall we spoke with told us that the staff were responsive and caring, with people saying: "I'm happy living here". And: "I'm very happy I came here". A relative we spoke with said: "I am blind so hear very well and I can hear how nice the staff are in their voices".

One person who lived at Crystal Hall was the subject of a DoLS authorisation. The service had ensured that this person had the support of an advocate in the form of an IMCA. This professional person told us: "There are a number of staff on duty at any one time and from what I have seen they appear to interact well and have positive working relationships with the residents".

We went to speak with the person who was restricted with one to one care and the subject of a DoLS Authorisation. We observed a member of staff sitting with this person. The interaction between to two was as if the two had been friends for a long time and not that of resident and carer. Throughout the day our observations confirmed staff had a good relationship with people who lived at the home. People were relaxed and comfortable with the staff.

The home helped people to be as independent as they wished. We were informed by the provider that people who lived there were supported as much as possible to do this. Staff informed us people were encouraged to continue their hobbies. We saw throughout the day that people supported to maintain their hobbies and interests. The walls around the home were decorated with art work that people who used the service had made. Several people told us they enjoyed making these.

Other people we saw were relaxing on their own in the lounges or in their own rooms. Several people showed us their room. They were all very individual. One person said: "I have my own kettle with tea, coffee and biscuits".

Some people received visits from relatives during our inspection. We saw that staff respected the privacy of these people during visits only approaching when asked. We also observed that staff always knocked on people's doors and spoke before entering.

People who lived at the home told us: "I love my hobby (painting) and the staff make sure I have the supplies I need". "I go out by myself when I want". We later saw this person on his way out when we were leaving. Another person told us: "I have an iPad so I can use the Wi-Fi, but mostly I play games on it". Other examples of activities to assist people to become self-sufficient and independent included cooking, cleaning, laundry and budgeting.

Good

Is the service responsive?

Our findings

Each person who lived at Crystal Hall had an individual, completed and updated care plan. The care plans and risk assessment we looked at were updated and reviewed regularly and did address the individual needs of people who lived at Crystal Hall. People's care and support needs had also been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. Care plans had been regularly reviewed and we saw documented evidence of involvement of the person's carer and or relative in the reviews of people's care.

We were told that regular and good quality handovers took place between staff members. This helped staff to keep up to date with changing needs of some people who lived there. One staff member told us: "We have a handover at the start of every shift. If I am off for a few days it brings me up to speed. Yeah they help a lot".

Whilst moving around the home we saw call bells went off several times and they were answered quickly every time. For example one was answered in less than a minute. This showed that staff responded quickly to people's needs. We saw staff used equipment such as hoists, special mattresses, and chair cushions in an appropriate way which meant people who required assistance to mobilise were assisted to move from one place or position to another in a safe and effective manner.

The provider informed us that a number of people who lived at the home had their liberty, rights and choices restricted in some way by their care plans. Several were the subject of an order made by the Court of Protection which limited their rights and choices and one person was the subject of a DoLS authorisation and had been for some time. Throughout the care plans we saw evidence of MCA capacity tests, discussions and best interest decisions which were completed and clearly documented with the involvement of the person concerned as much as possible and or relatives.

One such record we saw had involved a relative who held a Lasting Power of Attorney (LPA) for one person's care and welfare. We also saw evidence that advocates had been used and in particular Independent Mental capacity Advocates (IMCAs) has been contacted where people required support. One such person told us: "Each time I visit I find the staff to be helpful and accommodating, providing me with any information I require".

Prior to the inspection we contacted a number of health and social care professionals who visited the home on a regular basis. We were told: "On the whole I feel that residents are well-cared for by all members of staff and their individual needs are well-met". "Staff always respond well to the directions or concerns I may have. However the nature of the conditions of some of the residents means that some residents do not comply with the recommendations made". And: "I feel the staff provide a calm environment for a group of people who have a wide range of needs, both physical and emotional". This was confirmed by our own observations as throughout the day we noticed that there was a general atmosphere of calm around the home. This provided a relaxing environment in which people spent their time.

Staff told us people living in the home were offered a range of social activities. People were able to talk to and socialise with people from outside the home and visit the local community. Residents were encouraged to go out in groups or on their own. One person told us: "I go into town to do my own shopping". Another said: "I go home Saturday afternoon and come back at 7pm".

Outdoor activities were available and some people who were able were supported to engage in voluntary work at a local RSPCA centre once a week. Other activities included a visit to the local museum once a year, trips for bowling and visits to an outdoor activity centre. This meant the provider had considered people's community involvement needs and supported them to pursue their interests.

People who lived at Crystal Hall told us that they were encouraged to continue their hobbies and other interests. We saw that some people's pets had come with their owners and staff supported the person in caring for their pet. We were told: "I wouldn't have come here if I couldn't bring my pet". "My room is next to a door so I can take my dog out". And: "I have a room with an en-suite bathroom which is suitable for my cat".

There were three enclosed gardens and one included a covered smoking area for people to use if they wished. The

Good

Is the service responsive?

home had also created a sensory garden. We observed an activities co-ordinator working with residents potting out seeds. One person who lived there told us: "I loved gardening and try to join in".

People who lived at the home told us that they received support from staff and were able to raise concerns. We saw that there was a compliments and complaints box in the main reception area which was accessible to people who used the service as well as others who visited the home. The provider informed us that this was checked on a regular basis and that any concerns or complaints raised were dealt with. People who lived at Crystal Hall told us that the management were responsive to any complaints. As an example some people had asked to take up cooking. The only spare kitchen was on the first floor of the building, an area not used by people who lived at Crystal Hall. As such there was no lift to this floor. We mentioned this to the provider who informed us that the management team were aware of this concern. We were told that were plans to address this issue and make additional kitchen facilities available for those who wished to use them.

People also told us that they held their own residents meetings where they set the agenda and complaints and compliments were discussed freely and openly in this forum and outcomes were passed back to management and other staff for further action if required. We saw from records that people were supported by advocacy and/or family members if they felt there was a need to challenge the service regarding care decisions or care input. No one was able to tell us anything which needed improving. People told us the staff were responsive and caring, with residents saying: “They look after me very well”. “The staff listen to me even when I moan”. This demonstrated how people were happy that the home supported a culture where people’s views were listened to and respected.

Good

Is the service well-led?

Our findings

The home is required by a condition of registration with CQC to have a registered manager in post. There has always been a registered manager in post. We were aware that the last registered manager who had been registered with CQC since January 2011 had recently voluntarily cancelled their registration with CQC in order to take on a quality assurance role within the company. A new manager had been appointed and the required forms for registration submitted. The new manager was unavailable on the day of our inspection however the previous registered manager was available for us to speak with for part of the day and the provider was on site throughout the inspection.

Crystal Hall had provided the Care Quality Commission (CQC) with a statement of purpose which was current.

During our inspection of Crystal Hall we spoke with people who lived at Crystal Hall and their relatives, staff, and the management team. All of the people we spoke with were complimentary about the service provided. People told us that they felt involved and listened to. People who used the service told us that there were community meetings which they all said were useful in keeping them informed. A relative we spoke to on the day said: "I am always included in my relatives care". And: "They always ask us about the service".

A professional who worked at the home told us: "Service user meetings are held every two months. People discuss menus, things people want to do, whether people feel their needs are being met, any concerns". This person also said attendance was getting better in terms of numbers, and had risen from about 10 to about 15, they hoping to get more people involved. Where people do not attend the meetings, they will take time to speak with them individually.

We spoke with professionals from external organisations who worked with people who lived at the home on a regular basis. We were told: "They have maintained contact with family and encourage visiting and involvement from families. I attend the home on planned and unplanned appointments and have not had any concerns about the care provided". And: "I always find it really good. The management are good and they involve everybody. They are always taking the residents somewhere or doing something with them".

Management and staff had a good relationship with each other. We observed good interactions throughout our inspection between people who used the service, management and staff. The provider told us that she and the rest of the management team spent a lot of time around the home mixing with people who lived there and staff. An open culture was promoted.

All of the staff we spoke with were happy working at Crystal Hall. Staff told us: "I love it here. I was a bit nervous at first but now it's great". And: "The nurses and managers are all approachable. I have no bother talking to them or mentioning anything".

The provider informed us that all staff received regular one to one supervision from a named person. Also that all staff employed for over two years had received at least one annual appraisal. All of the staff we spoke with confirmed that they received regular supervision and for those that had been there longer, an annual appraisal. We were told: "We can request supervision whenever we want, otherwise it's about every 12 weeks or so". Staff told us that supervision for care workers was conducted by a nurse. Topics usually discussed were development, and performance issues along with welfare. One member of staff as an example explained that at their last supervision they had a discussion with nurse about the diet of people with Huntington's disease in particular the calorific content of food required at different stages of the disease.

Staff explained that they could simply approach a nurse or management if they had any problems at all. Other comments made included: "Personal development is encouraged". "We are able to raise concerns about anyone at any time". And: "The management have been great!".

Supervision records were checked and we found this had some gaps prior to the month of July, 2014. However there was evidence of a new supervision structure to address the gaps in place, effective from August 2014. Dates were booked in advance and staff we spoke with told us that they knew when their next meeting was.

The provider told us that the management team listened and acted upon personally to all complaints from people who used the service, staff and visitors. This was confirmed by all of the people we spoke with. Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. Staff we spoke with confirmed that these meetings took place on a regular

Good

Is the service well-led?

basis. We were told that staff were able to raise issues and that concerns were addressed by the management team. We were given several examples one of which was a concern raised by staff over other members arriving late. This had been dealt with and was no longer a problem. This meant that staff were supported to give their views and were listened to. Concerns were acted upon where necessary.

We saw that a range of audits were completed by the manager. We found systems in place to audit care plans and monitor daily incidents to highlight concerns which need to be brought to the attention of the manager. We were aware through notifications sent to us by the manager that there had been a number of incidents since our last inspection between people who lived at the home. We saw from documented evidence on incidents reports, Antecedent, Behaviour, Consequence (ABC) charts that any incidents had been reported, dealt with and where necessary lessons learned. ABC charts were used to record specific incidents, in particular of aggression, and what led up to them, a description of the incident and the consequences which resulted from that behaviour. Many incidents had been reported to the local authority as safeguarding alerts. However many of these had not progressed to a level of investigation as the Local Authority and other professionals were happy with the way in which the home had dealt with the incident and put appropriate measures in place. The home maintained a safeguarding log which recorded such incidents and required notification under the Health and Social Care Act 2008 had been sent to the CQC.

We saw a range of checks and audits had been completed in relation to the maintenance of the home and equipment. The level of cleanliness was high although we did find some dust around the back of some handrails. Many of the windows were open as it was a very warm day and there was building construction on-going from a nearby construction site which may have accounted for this. When we first walked around the home we noticed a slightly unpleasant odour in a couple areas of the home. We also saw some bumps in the carpet although these were not sufficient to pose a risk of harm to people walking over them. We noted a small number of chairs had some dried stains on them. All of the rooms for people who used the service we went in were clean and well maintained. All the carpets appeared clean.

We mentioned what we had found to the provider and asked to see the cleaning schedules. We saw had all been completed but they had not picked up on what we had found. We were told the provider and manager often walked around the building to check on such matters. We were assured that these matters would be dealt with. We noticed the odours had gone later in the day.

We saw the service had worked towards and gained accreditation with 'Investors in People' and 'Dignity in Care'. To obtain accreditation with these standards the home had to comply with specific specialist and core standards. The awards were current and showed that the home was open to scrutiny and audit from external bodies.