

Crystal Management Services Limited

Crystal Homes

Inspection report

295 Brockley Road
London
SE4 2SA

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28 February 2017
02 March 2017
06 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Crystal Homes is a residential care home. It provides accommodation and personal care for up to four people with mental health needs. At the time of the inspection three people were living in the home.

We carried out this inspection on 28 February, 2 March and 6 March 2017. The first day of the inspection was unannounced. At our last comprehensive inspection on November 2015 we identified a number of regulatory breaches. These included people being unsafely supported with their medicines, staff being unsafely recruited and inadequate audits. The overall rating for this service was Inadequate and the service was placed in special measures. We followed up with inspections in May and November 2016 when we found improvements had been made.

The service had a registered manager at the time of the inspection. 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 identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were regulation 12 safe care and treatment, regulation 17 good governance and regulation 19 fit and proper persons employed. We also found one breach of the Care Quality Commission (Registration) Regulations 2009. This was regulation 18 notification of incidents.

People were at risk in the event of a fire. The provider had not implemented all of the urgent actions identified during a fire risk assessment in 2016. Not all of the doors at the service were fire doors and appropriate door closing mechanisms had not been installed throughout the service. People were at risk of injury because repairs had not been carried out in a timely manner. For example the television in the lounge had been broken for three months.

Staff were not always recruited safely. A member of staff was working at the service without appropriate references or checks. Audits did not always pick up shortfalls and the registered manager did not always act when shortfalls were identified. The registered manager failed to notify CQC when serious events occurred at the service.

People received care and support from staff who participated in a programme of on-going training. Staff received training in safeguarding and people were supported with detailed risk assessments. Staff performance was reviewed and evaluated in one to one supervision meetings alongside their appraisals. People's rights under the Mental Capacity Act 2005 were respected. People had regular and on-going input from mental healthcare specialists.

People's needs were comprehensively assessed by health and social care professionals. Care plans were regularly reviewed for relevance, effectiveness and people's preferences. People participated in varied activities and were supported to participate in faith activities. People were supported to share their views

through residents meetings, keyworking meetings and surveys.

Staff told us there was an open culture at the service and that the registered manager encouraged and supported them. The service worked closely with health and social care professionals.

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 in the event of a fire because appropriate fire doors were not in place throughout the service.

People were at risk of injury because the provider had not carried out repairs to torn carpet and damaged electrical appliances in a timely manner.

People were at risk as a result of staff being recruited unsafely.

Medicines were administered and recorded appropriately.

Is the service effective?

Good 

The service was effective. Staff received training to meet people's needs.

Staff received supervision and appraisal from a manager.

People were treated in accordance with the Mental Capacity Act 2005.

People's nutritional requirements were met.

People had frequent contact with healthcare services.

Is the service caring?

Good 

The service was caring. People were supported to develop positive relationships with staff.

Staff had guidance from healthcare professionals on supporting people's emotional well-being.

People had their privacy protected.

Is the service responsive?

Good 

The service was responsive. People had detailed assessments in place which had been undertaken by health and social care professionals.

Staff had guidance to safely meet people's mental health needs.

People were supported to participate in activities that met their interest.

The provider sought feedback from people about the service they were receiving.

Is the service well-led?

The service was not well-led. The registered manager did not always take action when internal and external audits identified shortfalls.

The registered manager did not notify CQC of serious incidents at the service.

Staff expressed support and confidence in the manager.

The provider worked in partnership with health and social care professionals.

Requires Improvement 

Crystal Homes

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 February, 2 March and 6 March 2017 and was undertaken by one inspector. The first day of our inspection was unannounced. Second day and third days of our inspection were announced.

Prior to the inspection we reviewed the information we held about Crystal Homes including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with one person and three staff. We reviewed three people's care records, risk assessments and medicines administration records. We reviewed the provider's quality assurance information and audits. We looked at the service's records along with feedback from surveys of people and their relatives.

Following the inspection we received and reviewed the supervision records of two members of staff and recruitment information in relation to one staff team member. We contacted four health and social care professionals to gather their views about the service people were receiving.

Is the service safe?

Our findings

People were at risk in the event of a fire. We found that doors to the office, communal lounge, dining room and kitchen lounge were not adequate or in line with guidance. The door to the office was not an appropriate fire door. It did not have a fire safety strip fitted to its length which are designed to expand when exposed to extreme heat and prevent fire spreading. The communal lounge door had been damaged two months prior to our inspection and the fire safety strip had been removed. Whilst the doors to the dining room and kitchen were regulation fire doors they were propped open. This meant smoke could spread rapidly throughout the service in the event of a fire placing people at risk of harm. We found that the issues of inadequate fire doors and doors being propped open were identified in a fire risk assessment carried out by a fire safety company in 2016 and in a fire safety audit carried out by the London Fire and Emergency Planning Authority. This meant the provider had not acted in a timely manner to resolve the fire safety risks which specialists had made them aware of.

People were at risk of injury as a result of the provider's failures to carry out timely repairs. We found a tear in a carpet on stairs that measured 15cm in length. This created a trip hazard for people. We found a wall-mounted television in the communal lounge with a screen that was smashed in three places. Whilst the television was unplugged it remained in situ. There was a risk of electric shock or a fire starting if people attempted to use the damaged electrical appliance.

This is a breach of regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by a member of staff who had not been recruited safely. We asked the provider to supply us with information related to the one member of staff recruited since our last inspection. This included an application form, previous employment references and details of a check by the Disclosure and Barring Service (DBS) prior to starting work. The DBS provides information about individual's criminal records and whether they are barred from working with vulnerable adults. This information enables providers to make safe recruitment decisions. At the time of the inspection and in correspondence following it the registered manager did not provide us with evidence of a DBS check undertaken at the time the staff member was recruited. Nor did the registered manager provide evidence that they had received a reference from the staff member's most recent employer. The two references provided to us by the provider were not on headed paper, did not have an official stamp and did not contain the full names or addresses of the staff member's referees. The provider was unable to demonstrate how they assured themselves that these references were satisfactory.

This is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's risk of abuse was reduced because staff received safeguarding training. Staff attended safeguarding training as part of their induction and attended on-going refresher courses. Staff we spoke with told us about different types of abuse people may be at risk of and the actions they would take. One member of staff told us, "I would pass on to the manager any information I had about abuse as soon as I had it."

Risks to people were reduced by the thorough assessments carried out by health and social care professionals. Mental healthcare specialists wrote and reviewed risk assessments for people. These guided staff in meeting people's changing needs safely. For example, staff had guidance on the actions they should take if people presented with signs of an increase in their mental health need. These actions included informing health and social care professionals and documenting changes in care records.

There were sufficient numbers of staff available to ensure people's needs were met safely. Staff were available in the service throughout the day and night. Staff numbers were adjusted according to people's needs, activities and numbers. A rota was available for people and staff to see which staff was working. The noticeboard in the corridor displayed the named photographs of the staff team.

People received their medicines safely. People's medicines administration record [MAR] sheet were completed appropriately. Staff signed MAR sheets to record that people had taken their medicines as prescribed. Where people refused to take their medicines this was noted in records and staff informed the relevant healthcare professional. The service had a medicines returns procedure which recorded the actions taken when people had not taken their prescribed medicines as planned. Actions included recording the names and quantities of medicines and the dates upon which they were returned to the pharmacist. Records showed that two staff signed to confirm when medicines were disposed of at the service whilst the pharmacist signed to confirm when medicines had been returned to them.

People were encouraged to share their views and feelings about taking medicines. People completed questionnaires about the effect of medicines on their sleep and ability to undertake activities in the day. Where necessary, the registered manager discussed people's responses with health and social care professionals. For example, when one person said that a medicine prescribed to support their mental health was "no good" and "didn't work" this was referred to a mental health specialist who discussed the matter with the person.

People's risks of infection were reduced by the provider's hygiene practices. Staff had guidance on how to manage risks related to cross contamination. For example, a poster in the kitchen gave step-by-step illustrations of correct handwashing techniques. We found anti-bacterial handwash was available. In another example, staff used colour coded chopping boards in the kitchen for the preparation of raw meat and fish. The service had a cleaning rota. Staff followed the schedule each day and encouraged people to participate. The manager audited the cleanliness of the home each week. For example, checks were made of worktops in the kitchen, skirting boards throughout the home and interior of the microwave oven.

Is the service effective?

Our findings

People received care and support from trained staff. The manager used a training matrix to plan and record staff participation in mandatory training. Training included infection control, managing aggression, administering medicine and safeguarding vulnerable adults. Staff also participated in training specific to people's needs, including mental health and the use of substances. New staff received an induction which included elements of mandatory training, learning about people's specific needs and the provider's procedures.

People were supported by supervised staff. The director provided staff with on-going one to one supervision to discuss people's changing needs. For example, one staff member's supervision records showed a discussion about people's refusal to take medicines. A member of staff told us, "Supervision is important. I have discussed training and mental health theory, practice and strategies." Staff were supported with annual appraisals. These meetings were used to review and evaluate staff performance over the previous year and to set objectives for the year ahead.

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. The application procedures for this in care homes and hospitals are 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 were being met.

People gave consent to the care and support they received. People signed care records to show their participation in the assessments and agreement with support plans. Staff understood mental capacity, people's right to refuse support and when best interest decisions would be necessary. People did not have restrictions placed upon them and were not subject to deprivation of liberty safeguards.

People were provided with enough food and drink. One person told us, "The food is alright." People's allergies to foods, along with their preferences and dislikes were recorded in care records. People agreed to menus for the coming week during residents meetings but were supported to have alternatives when they chose.

Staff supported people to access healthcare services. These included specialist mental health professionals. For example, staff arranged and escorted people to counselling services when they chose. Additionally, people were supported to schedule and attend annual health checks at their local medical practice. Staff provided people with health information. For example, people were given details about smoking cessation treatments locally. Records were maintained of people's healthcare appointments including the date, purpose and their outcome. This meant records reflected how people's healthcare needs were identified

and met.

Is the service caring?

Our findings

People received support from caring staff. One person told us, "Yes, they're nice." The provider used a keyworking system to develop positive relationships with people. Each person had an allocated keyworker. A keyworker is a member of staff with specific responsibilities towards a people's care and support. These include arranging appointments, skills teaching, liaising with relatives, bedroom maintenance and updating care records. People and keyworkers met each week and records were retained of the meetings. These showed activities being planned and incidents being reviewed.

The service continued to be caring towards people whilst they were away from the service for periods of time. We found that when people experienced a relapse with their mental health and required hospitalisation the provider maintained contact with them. Where appropriate and agreed, people phoned the manager to discuss their progress and staff visited people in hospital. This meant there was continuity in the positive relationships developed between people and staff.

People were supported to maintain the relationships which were important to them. Staff supported people to phone and visit relatives and friends. Staff facilitated visitors to people at the service as well. Relatives were provided with information about the service and were invited to review meetings and social events.

People's emotional well-being was supported by staff. Staff had guidelines on how to support people's varied emotional states. For example, when people were tearful or angry staff had guidelines on how to support them. These guidelines were reviewed with people and their healthcare professionals regularly to ensure they remained relevant to people and preferred by them.

People made decisions about how they received their support from staff. People participated in their assessments with staff and healthcare specialists and signed to confirm their agreement with the care and support plans. People chose when they wanted to receive support. For example, we observed people and staff making plans to prepare a meal together. People's care records guided staff to the level of support people required. This meant staff provided support to maintain and develop people's independence.

People's privacy was maintained. We observed staff knocking on people's bedroom doors and respecting people's decision to not let staff in. The privacy of people's personal information was maintained. Staff understood the requirements of data protection and ensured that information about people's health and support needs remained confidential and kept securely.

People were treated with dignity and respect. People's preferred names were noted in care records and we observed staff addressing people accordingly. Care records were written in a way that conveyed respect and care. For example, "[Person's name] responds most favourably to praise about their writings. It uplifts their mood and is clearly positive on their self-esteem."

Is the service responsive?

Our findings

People were supported with comprehensive assessments. People's needs were assessed in detail by health and social care professionals and the service used these to develop care and support plans with people. People were supported with reassessments when their needs changed and mental health specialists regularly reviewed people's needs and support.

Care plans provided staff with guidance on meeting people's needs. For example, care records noted the extent to which people had insight into their mental health needs. These detailed the symptoms and triggers which could indicate that people were experiencing a relapse with the mental health and the actions staff should take. Including, informing the registered manager and health and social care professionals. This meant people were supported when their needs changed.

Staff maintained daily records for each person. These included notes related to people's communication, activities, risks, eating and drinking, mood and expressed thoughts. This information was reviewed by the manager to ensure that people were being supported in line with their care plans and to update risk management records when required.

People were supported to participate in the activities they chose. People's likes and preferences were noted in care records. For example, one person's records noted their enjoyment of football, computer games, going to the gym and playing keyboards. Another person's care records stated that they, "Enjoy writing stories and songs", and noted their enthusiasm for cooking. Care records showed people engaged in community based activities including going to the cinema and college, bowling and yoga. Care records noted the support people required to participate in specific activities. Where people could pursue their interests independently this was reflected in care records.

People received the support they required to meet their spiritual and cultural needs. People who chose to were supported to attend services at a local church. Bible reading sessions were available at the service and some people had chosen to have staff support them with their individual prayer sessions in the care home. People were offered culturally relevant food during menu planning meetings.

People were supported to share their views about the service they received. The provider coordinated resident's meetings. Minutes of these meetings were retained for review at following meetings. These meetings allowed people to discuss issues, such as college courses, cleanliness of the home and had planned social activities. At one meeting people proposed and discussed hosting a birthday party for one person. People were supported to select and undertake responsibilities during the event including DJ, karaoke and barbecue. People also decided who should attend. This meant people were involved in the planning the activities they participated in.

The provider sought the views of people through a resident's survey. The survey asked people questions such as "how do you rate the food?" and "how do you feel about the support you receive at the home?" The manager reviewed people's responses, shared them with the team and developed action plans where

improvements were needed.

Relatives were invited to share their views. The provider sent relatives a survey to ask for their opinions about the service being provided. Questions included "what do you think about the support and facilities offered to your relative?" And "do you think you are given an opportunity to discuss the progress of your relative?" The responses we read from relatives were favourable.

The service had a complaints procedure in place. No complaints had been received from people or their relatives since the last inspection.

Is the service well-led?

Our findings

The service had a registered manager. The registered manager had not forwarded statutory notifications to CQC. Notifications are information about important events the provider is required to tell us about by law so that, where needed, CQC can take follow-up action. However, whilst we noted the provider informed and worked closely with health and social care professionals following each incident, the provider failed to notify the CQC in line with the requirements of their registration with us.

This is a breach of regulation 18 Care Quality Commission (Registration) Regulations 2009 (part 4).

The registered manager did not always act on feedback from fire safety specialists. For example, fire safety reports noted an absence of seals and strips on fire doors and raised concerns about the kitchen door being propped open. These concerns had not been addressed at the time of our inspection. We found the kitchen and dining room doors propped open and doors without adequate fire safety seals and strips.

The registered manager and staff undertook monthly health and safety checks. However, we found that shortfalls were not always identified. For example, the 5 December 2016 audit stated that the television in the lounge was, "smashed." But a 3 February 2017 health and safety check described the condition of the same television as "OK". At the time of our inspection, which was three months after the television had been damaged, the wall mounted television had not been replaced, removed or repaired. This meant that audits did not always identify shortfalls and when they did, the registered manager did not always take the appropriate action to address them.

The above are breaches of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported and encouraged in their role by the service's managers. One member of staff told us "the managers promote independence for people and train staff so we can independently and confidently support people." Another member of staff said, "The managers are hands on and lead from the front. They work with people, do shifts and attend appointments." However, neither the registered manager nor director were available on the first unannounced day of our inspection or on either of the two further days of our inspection when our visits were announced in advance.

Staff told us that there was an open management culture and they were encouraged to share their views at any time. The manager arranged monthly team meetings and these were used to discuss people's changing needs and the service's forthcoming plans. Minutes of team meetings were retained in a file for later reference and for staff who could not attend.

The registered manager ensured that documentation in relation to people was accurate and up to date. Keyworkers forwarded monthly progress reports for people to the registered manager. These focused on the progress people had made, risks that had arisen, activities undertaken as well as contact with health and social care professionals.

The provider engaged in partnership working with external agencies. The provider's director liaised with a range of health and social care professionals to ensure people's changing needs were identified, assessed, met and reviewed. For example, the manager discussed incidents with mental healthcare specialists. The provider actively participated in multi-agency arrangements that focused on community safety by attending meetings and sharing information. The director also attended the local authority's provider's forum. This meant people were supported in a service where the management received information about good practice in care provision.