

Cristal Care Limited

The Pleasance

Inspection report

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Date of inspection visit:
13 June 2023
15 June 2023

Date of publication:
06 July 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Pleasance is a residential care home providing accommodation and personal care for 15 people. At the time of inspection there were 13 people using the service. The Pleasance has 5 houses on 1 site. Each house has individual flats with communal living space and enclosed gardens. People with learning disabilities and autistic people use the service.

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

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

The service demonstrated they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

The provider had made improvements that were required after our last inspection. The care environment was safe, clean and secure. People were involved in planning their care and activities. Care was person-centred and people were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People received care and support that was person-centred and promoted their dignity, privacy and human rights. Staff had received training to keep people safe and they knew how to report any concerns about care. People were happy with the care they received. One person told us, "I am very happy with the care that I receive and [member of staff] always wants to help me."

Right Culture

People led confident, inclusive and empowered lives because of the ethos, values, attitudes and behaviours of leaders and care staff. The service listened to people about their views of care and support and worked with the staff team to make changes and improvements. Staff knew the people they supported and they were open and honest in conversations about how they delivered care. The management team had a clear vision for the continued development of the service.

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

Rating at last inspection and update

The last rating for this service was inadequate following an inspection on 13 December 2022. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service was aware that it would be in Special Measures following the last inspection on 13 December 2022 and had implemented an action plan to make the required improvements. CQC issued a supplementary report on 9 May 2023 which confirmed the details of the breaches of regulation and the action that was taken.

During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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.

We carried out an unannounced comprehensive inspection of this service on 13 December 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Pleasance on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Pleasance

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 carried out by 1 inspector 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 service.

Service and service type

The Pleasance is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Pleasance is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 members of staff including the manager, area manager, senior support workers, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We had conversations with 11 people who lived at The Pleasance about their lives and the care and support they received.

We reviewed a number of records including 4 care files, 4 staff files and audits, checks and records relating to the management and oversight of the service. We reviewed the medicines administration records for 2 people.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and to have ensured the premises were appropriately secure. This was a breach of regulation 12 (1)(2) and regulation 15 (Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 or regulation 15.

- Care plans were thorough and detailed. A range of risks were assessed and reviewed appropriately.
- Where risk assessments had been updated as a result of an incident, practical application of the actions to reduce the risk were observed as part of the inspection.
- Staff confirmed they knew about the risk reduction measures and explained the reasons for them and how they supported people to manage these risks. For example, where risks had been identified in relation to kitchen equipment, people were supported to use equipment safely and under supervision.
- The premises were secure. A new electronic security system had been installed throughout the site that required a fob or key code entry. People who were able to leave The Pleasance used their own personal fob to open doors and gates on site.
- A fire safety risk assessment and plan for the site had been completed by external contractors. Monthly and weekly checks on fire extinguishers, emergency lighting and alarm systems were completed. Records were accurate and up to date.

Staffing and recruitment

At our last inspection the provider had failed to ensure that staff received appropriate training and had been effectively deployed to meet people's needs. This was a breach of regulation 18(1)(a) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were recruited safely and the appropriate employment checks had been carried out which included references, employment history and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

- There were sufficient staff on duty to keep people safe, meet their needs and provide them with support. Staff knew the people they supported and were kind and caring.
- An engagement survey had identified people were unhappy with the use of agency staff. The service recognised this and had completed a consultation exercise with staff to implement a new shift rota pattern which reduced the use of agency staff. The new shift rota pattern and a recent recruitment drive established a full complement of staff from 19 June 2023.
- A comprehensive staff training matrix was in place and confirmed staff had completed mandatory core training including safeguarding adults, manual handling, medication awareness and positive behaviour support.
- A specific training course on epilepsy and administration of rescue medication had been developed and put in place following the last inspection. People with epilepsy were only supported by staff who had completed this training course. This was confirmed by a member of staff who told us, "Cristal Care provide person specific training. We recently had buccal midazolam [epilepsy rescue medicine] training that is specific to one of our residents."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to maintain effective scrutiny over safeguarding issues and had not effectively implemented and operated robust procedures to protect people from abuse. This was a breach of regulation 13(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Information relating to safeguarding incidents was recorded and analysed. Information was shared with partners agencies appropriately.
- People told us they felt safe at The Pleasance. One person said, "I feel safe at the home. If anything was wrong, I would talk to the manager."
- Staff were supported to discuss any safeguarding concerns they had with their manager. One member of staff said, "I feel very supported and I can discuss safeguarding concerns with my managers. They will deal with this correctly. There are posters detailing who to contact if I am unhappy with how the issue is being dealt with or if the issue I am raising is about my managers."

Preventing and controlling infection

At our last inspection we recommended the provider consider current guidance on ensuring people are protected from the risks of infection and take action to update their practice accordingly. The provider had made improvements.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider's approach to visiting followed the latest government 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- There were medicine cabinets in people's flats and medicines were stored securely.
- Temperatures were recorded to ensure medicines remained in an optimal range for storage. Where temperatures had exceeded this optimal range, the service had taken appropriate action and sought clinical advice about disposal, re-ordering and administration. This action was taken swiftly and promptly.
- People received their medicines safely. One person told us, "I always get my medication on time and I know what medication I have."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have effective systems in place to assess, monitor and improve the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had acted immediately after our last inspection to make improvements. Changes and improvements had been made to the leadership and governance of the service, care plan review processes, security of the site, how incidents were reported and analysed and organisation of staffing and staff training.
- Following the last inspection, the management team recognised that improvements needed to be made to the governance and leadership of the service. Improvement was confirmed when we reviewed reports and records about the service. Information about the management, review and oversight of the service was well organised, accurate and up to date.
- The provider had worked closely with the local authority to identify and make improvements to the service and captured this in an action plan. The local authority continuously reviewed the improvements made to the service as part of their contract monitoring processes.
- Managers and staff were clear about their roles. They understood quality and performance monitoring and how to identify and manage risks as required by the regulations. For example, incidents were analysed for people which identified triggering events and locations. The conclusion of the incident analysis made recommendations for learning and improvement.
- Staff were able to describe how they used the learning from incident and ABC (Antecedent, Behaviour, Consequence) forms to improve practice and how they shared this with colleagues.

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 management team understood their duty of candour.
- Managers and staff were open, transparent and honest throughout the inspection. Staff demonstrated a culture of openness and honesty in the service.

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

- Staff were passionate, caring and enthusiastic about their work and how they supported people who lived at The Pleasance.
- Staff made sure people participated in planning and arranging activities. People were supported to make choices about activities and hobbies. One person told us, "Staff help me out a lot. I enjoy going on walks to the park and watching DVDs. I am going to Butlins on holiday soon and I am looking forward to going swimming. I also enjoy going magnet fishing."
- People's flats were personalised to their own taste and reflected who they were and what they enjoyed doing. A programme of redecoration and refurbishment had taken place since our last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Managers had engaged with and listened to people who live at The Pleasance.
- We observed a staff handover meeting during the inspection. Staff received updates about people, their support needs and activities.
- The service worked well with key stakeholders from health and social care services.