Crimson Hill Support Ltd

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Inspection report

The Bungalow
The Elms, Curry Rivel
Taunton
Somerset
TA10 0JD

Tel: 01823255000
Website: www.crimsonhillsupport.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Bungalow is a care home. It is registered to provide accommodation and personal care for one person with autism and complex support needs. The property has been specially adapted to suit their needs. The provider also runs a personal care agency known as Crimson Hill Support which is separately registered and was not inspected as part of this inspection process.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

The person was supported to have maximum choice and control over their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff recruitment, deployment, training and support ensured competent, skilled and safe staffing. The premises was safe and was designed specifically for the person using the service who had been involved in choosing the decor.

Medicines were managed in a safe way.

The person was supported to receive a varied and nutritious diet. Their health care needs were met with the support of external health care professionals.

Risk was well understood and managed following in-depth assessment and planning of the person's support needs. Staff were clear on how to provide the support the person needed.

There was continual, gradual improvement in the person's life, described by a health care professional as "Quite good". Staff looked to introduce new options and support the person through change.

The service was caring and advocated for the person to promote their opportunities and well-being. Staff had a very good insight into the person's needs and of communication, so the person's views were taken into account and choice was promoted.

The service was well led by a provider who was passionate about people's care. They worked closely with the registered manager and supported staff to ensure all views were taken into account. They looked for continual improvement.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continued to be Good.	**Good**
Is the service effective? The service continued to be Good.	**Good**
Is the service caring? The service continued to be Good.	**Good**
Is the service responsive? The service continued to be Good.	**Good**
Is the service well-led? The service continued to be Good.	**Good**

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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 checked 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 was an unannounced, comprehensive inspection. It took place on 7 December 2017.

The inspection team included one adult social care inspector.

Prior to the inspection we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met the person using the service. To give an insight into their experience of living at The Bungalow we used informal observation. Our observation enabled us to watch and listen to how staff interacted with the person and how support was provided.

Some of the records relevant to the running of the service were kept at the provider's head office in North Petherton, Somerset, which we visited.

We spoke with a key family member, two support staff, a provider representative, the registered manager and the provider.

We reviewed the person's care records, two staff files and looked at quality monitoring information relating

to the management of the service and safety records. We received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

The service continued to be safe.

The staffing arrangement at The Bungalow kept people safe. The Bungalow was staffed by two support staff who had been deemed competent to provide the level of support needed. Should a new staff member be receiving their induction training, they worked as a third member of staff. The provider had ensured that there was sufficient competent staff to cover the 24 hour period at The Bungalow. The staff said that the staffing arrangements met the person's needs in a safe way, which is what we observed. The provider said, "People have to know the staff member going in to them and so we over recruit".

Robust safeguarding arrangements ensured the person was protected from abuse and discrimination. Safeguarding training was an initial part of staff induction, was mandatory and regularly updated. Staff were able to describe the types of abuse and how to respond should they have any concerns. That response included taking a concern to an external agency, such as the local authority, if they felt this was necessary. One staff member said they had experience in how to do this. Both staff confirmed that no abuse would be tolerated and any concern would be taken very seriously by the provider.

The person's finances were protected because they had a local authority appointee. There were agreements in place for the amount of money which could be spent (on their behalf) without appointee approval and records of monies spent meant this was monitored.

Recruitment policy and procedure reduced the risk of inappropriate staff working at The Bungalow. Pre-employment checks were completed before a new staff member worked with people. These included references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS checks helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Staff confirmed that they did not work with people until all recruitment checks had been completed.

Medicines were managed in a safe way. The person using the service was unable to manage their own medicines due to their disability so staff supported them with this. Medicines were stored securely, records were clear and completed and the use of medicines was monitored. Staff confirmed that no medicines were given covertly. Staff received comprehensive medicines training, which was regularly updated.

The premises was owned and maintained by the local authority. There were arrangements in place for any maintenance required. The Bungalow was kept in a safe state of repair.

The person was protected from infection. Staff had received training in food hygiene, infection control and how to use chemicals safely. Safety measures were in place, for example, fridge and freezer temperatures were monitored. The laundry equipment was suitable to meet the needs of the person using the service. Staff cleaned the premises, which was clean and fresh. Staff had personal protective equipment (such as gloves) to protect them from cross contamination risks.

Individual risk was well understood and managed. Records included very detailed protocols for each situation which might pose a risk to the person using the service, or staff. These included activities of daily living, such as bathing and going into the community. Staff were very clear as to what would likely cause the person anxiety and potentially lead to behaviours which might endanger staff, or self-injurious behaviours by the individual.

Good

Is the service effective?

Our findings

The service continued to be effective.

Staff were skilled and competent when they supported the person. The person's key family member said, "Yes, the staff know what they are doing and are very skilled". Staff understood how to effectively communicate with the person to achieve a calm environment, as the person wanted. The provider said they sought to put particular staff with the person who used the service because, "It is really important that personalities match".

The environment was adapted specifically to meet the needs of the person using the service. Several rooms were available for them to use and the person had chosen the décor of their bedroom and some furniture, which we saw them using. For safety, and the person's preference, not all rooms were accessible at the same time. A health care professional confirmed that the environment benefitted the person as it was.

Staff received a detailed and thorough induction, including the nationally recognised Care Certificate, which was integrated into the service training. Initially there was a half day induction with the training manager and registered manager at the provider office, where there were several training rooms. The staff received an introductory pack, which included, for example, a compact disc of the service policies and a first aid kit. Each staff member had an individual training plan based on their knowledge, history and performance. Each staff member received any person-specific training as necessary, for example, sensory training.

Staff spoke very positively about their induction and on-going training. They said any training relevant to their work they requested was provided. One person's training had included: duty of care, communication, epilepsy training, equality and diversity, autism and vehicle check training. Staff confirmed they were encouraged to undertake qualifications in care.

Staff received the support and supervision they needed to achieve good outcomes for the people they supported, and for their protection. Supervision was in-depth and covered a wide range of subjects. Each staff member received a yearly appraisal of their work to check if agreed targets were met.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The person using the service did not have capacity to make all necessary decisions relating to their care and support. The MCA provides a legal framework for making 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The person using the service had an authorisation in place to lawfully deprive them of their liberty. They were

not free to come and go as they might want and they required constant supervision for their safety. Staff ensured they spent a lot of time in the community doing activities which interested the person and that the person had any private time they wanted.

Protocols were in place to reduce the need for physical restraint. Staff were clear and able to demonstrate how to support the person effectively so the person's anxieties were kept to a minimum and choice and self-determination were promoted. They said, "We don't put our hands on (the person) unless we are in the community and there is a need".

The person received a varied diet. They were offered choices for breakfast and chose yogurt. The day of the visit they took a packed lunch out with them. We were told there were two choices for each meal, and staff emphasised nutritious options when the person made a choice. There was a variety of foods available for the person to choose from and their menu choices were recorded so staff could monitor the diet being received. Those choices had included pork roast, sweet and sour chicken, pulled pork jacket potatoes and burger and chips from the chip shop.

The person's weight was monitored and staff said that if the weight went outside of the recognised healthy normal range they would contact the person's GP.

The person's health was promoted. Where specialist health input was needed, for example, the epilepsy specialist nurse, this was arranged. A health care professional described a, "Very proactive" approach to ensuring the person's health care needs were being met. Story boards were used to introduce a medical visit, for example to the dentist.The person had a hospital passport should they need to be admitted in an emergency.

Good

Is the service caring?

Our findings

The service continued to be caring.

The person's key family member said the service was caring. They said, "I can see how (staff) are with (the person) and how they reassure her".

Staff understood the right to privacy and this was managed in the least restrictive way whilst maintaining safety. For example, some doors had observation holes in place. This meant the person was able to spend time alone in a room as they wanted but staff could monitor their whereabouts and mood for their safety. Their bathroom and bedroom did not have observation holes and time in those rooms was completely private. The person would come in and out of those rooms as they chose.

The provider said in the provider information return: 'Staff provide the individual with some personal care, always offering choice within this and is done in a very dignified manner. Staff always ask if the individual would like the door open or closed, help or no help and knock before entering'.

The person was able to make choices and have autonomy over many aspects of their life. For example, they were gently woken at 9.30 but stayed in their room until they were ready to spend time with the staff. This meant their preferences were respected.

Staff communicated effectively with the person, which reassured them. Staff explained, and reinforced, that our visit would come to an end and would not affect how the person wanted to spend their day. Staff said they understood and could interpret the person's body language and behaviours and knew if they were becoming anxious and when this posed a risk to themselves or other people. We observed the person calmly eating breakfast and later appearing happy whilst sitting in their preferred chair. When the time came for staff to take the person for one of their two car rides a day, the person clearly wanted to go and moved quickly to the car. The person using the service and the two staff supporting them had a good rapport.

Intensive work into how the person viewed the world had improved the person's opportunities in life; barriers to integration into the community had gradually been reduced and they were able to spend a lot of time away from The Bungalow despite their disability. A health care professional said, "(The person's) quality of life is now quite good".

Family relationships were supported. The person was visited regularly by family members and the way the visits had developed meant they were meaningful and positive.

Good

Is the service responsive?

Our findings

The serviced continued to be responsive.

The service was designed with multidisciplinary input to meet the needs of the person. The person's support plan was produced taking into account a full and detailed assessment of their needs, including a sensory assessment. The plans were produced from a detailed history of the person, information from key members of the family and with professional input, for example a, psychologist and specialist epilepsy nurse. A health care professional said, "(The staff) are very engaged in health support".

The person benefitted from structure and routine. To that end the support plan covered every detail of the person's known preferences. Staff had good knowledge of exactly how to support the person, based on the support plan, which was under regular review. For example, the plan included specific information on how to recognise if the person was in pain, hungry, thirsty, angry or wanted people to leave them alone. The plan included things the person liked and things which upset them, including a change of routine. Daily routines were detailed to the time of day so the person knew when they were going out or having a family visit.

There were detailed strategies and protocols for when the person was in the car and visiting the recycling centre. These were based on an assessment of risk, which was under regular review.

Staff expertly interacted with the person, taking a light hearted and friendly approach to which the person responded positively. The provider told us in the provider information return (PIR): 'Staff always try to give praise and promote positive behaviour. If the individual achieves a task, staff will praise her on this by saying well done, thumbs up. The individual responds well to this and understands a good thing has happened'. During the inspection we observed this positive response from staff and the person using the service was relaxed.

Personal achievements were enhancing the person's life. For example, they now did their own shopping for toiletries and clothing. They loved to take car rides, which they did twice a day. They had visited some attractions, including Longleat and they also enjoyed recycling.

There was opportunity for people to express any concerns or make a complaint. The provider said in the PIR: 'Personal monthly reviews are done with the individual and the parents to allow them the chance to chat about what they feel is going well, not so well and future plans/changes.'

There had been no complaints about the service. The Care Quality Commission had not received any complaints. The person's key family member said if they had concerns or a complaint they would speak with the registered manager or the provider.

Good

Is the service well-led?

Our findings

The service continued to remain well-led.

There was a registered manager at The Bungalow. 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.

A health care professional said, "I am quite impressed with the management" and "(The provider) is a strong advocate for the service". The person's key family member said, "I am more than happy with the care provided and I like that they keep me up to date".

The principles which underly Crimson Hill Support Limited are to help people live their lives to the full, in the way they choose. Staff were clear that their aim was to support the person at The Bungalow to achieve a good life. There were regular team meetings to discuss what was going well and what might need to change to work better. There were also meetings with key family members where opinions and ideas could be shared. The key family member said, "I feel I could go to them with anything and they will answer honestly".

Staff felt well supported. One said, "We are very open to the management". Staff were texted daily to keep them up to date, for example with the on call contact and any relevant changes. There was a Newsletter called 'The Beacon' providing information. There was a clear reporting procedure for staff who might have concerns. Staff were clear about whistleblowing any concerns.

The provider ensured there were arrangements in place for continual learning. This included subscription to specialist journals. One of the Directors had completed a degree in Restraint Reduction in order to support the philosophy of the company. Some team leaders (within the organisation) were completing their Level 5 Diploma in Leadership in Health and Social Care. Others were also being enrolled for this.

The quality of the service was under regular review. This took the form of regular audits by the training and quality manager. They were at the service undertaking an audit on our arrival. In-house audits included the first aid kit, medicines and record keeping.