

# Crystal Hall Limited

# Crystal Hall

## Inspection report

Whittingham  
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Tel: 01772861034

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Crystal Hall is a care home providing nursing and personal care for up to 67 people with a range of physical and mental health needs. At the time of the inspection there were 64 people living in the home. The care home accommodates people across three separate units, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with complex physical health needs.

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

People who lived at the home received good care and told us they felt safe. Staff knew how to manage risks and identify signs and symptoms of abuse and who to report concerns to. However, some significant incidents had not been reported to the local safeguarding team and to the Care Quality Commission. Accidents and incidents had been recorded and medical attention sought where required. Improvements were required to ensure post falls observations were documented. We made a recommendation about this. People's medicines were managed safely. People were protected through robust recruitment procedures and told us there were enough staff to respond to their needs. People lived in well maintained and clean environment and were protected from the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were asked to consent to care. Staff had received training and were knowledgeable about the principles of the Mental Capacity Act 2005. People were supported by staff who were trained and had the skills to provide effective care. Staff felt very supported by the registered manager and management team. People's nutritional needs were assessed and met. Staff worked with community health professionals to ensure people received effective care.

People told us staff treated them with dignity and were respectful. Our observations supported these views. One person told us, "The staff listen and understand my needs, they always help me, they know what's what." We saw lots of positive interactions between people and staff, no one was rushed, and activities were person-centred and inclusive. One person told us, "The staff are always very helpful and always ask what I need."

Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. All care plans provided to staff were up to date and reviews were completed to show changes to people's needs. We noted some review records were brief and not detailed to show what had been reviewed. There was a significant of emphasis on ensuring people were provided with activities of their choice and supported to keep active in the community. People were able to make complaints concerning their care. The provider had a policy on supporting people towards the end of their life however not everyone had been offered the opportunity to share their preferences. We made a recommendation about this.

The service was well-led. People, their relatives and staff spoke positively about the registered manager and management team. There was a positive culture throughout the service which focused on providing care that was individualised and promoted independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 24 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service remained good.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service remained good.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service remained good.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service remained good.

Details are in our well-led findings below.

**Good** ●

# Crystal Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one 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. We also had a specialist professional advisor who specialised in adult mental health nursing.

#### Service and service type

Crystal Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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 sought 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who lived at the home we asked them about their experience of the care provided. We spoke with the registered manager, the director who is also the owner, the clinical manager and the care manager. We spoke with eight staff and the maintenance manager also known as the estates manager in the

home.

We reviewed a range of records. This included seven people's care records, multiple medication records and accident and incident records. We looked at a variety of records related to the management and maintenance of the service and walked around the building to make sure it was a clean and safe environment for people to live in.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted health and social care professionals from the local authority who visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and needed to be improved to provide assurance about safety. There was a risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes for protecting people from harm and abuse, however the systems needed to be improved. While people were protected from the risk of abuse and unsafe care, we found incidents that had not been reported to the local safeguarding authority in line with local safeguarding protocols to allow independent review. This included incidents of people being reported as missing persons. The registered manager and the provider took immediate action to correct this.
- Staff received and updated their training on safeguarding adults. Details of how and where to report poor practices were clearly displayed in the home however they had not been consistently followed.
- The provider had investigated previous safeguarding concerns and where necessary they had followed their disciplinary procedures.

We recommend the provider consider current guidance on monitoring and managing safeguarding concerns and take action to update their practice accordingly.

- People told us the service was safe and that they were free from abuse or improper treatment. Comments from people included, "I've no problems I feel very safe here, definitely feel safe here." And; "I've never been in a better place."

Assessing risk, safety monitoring and management

- The provider assessed and managed risks to keep people safe. There were risk assessments within care plans to guide staff on safe working practices and to keep people safe from avoidable harm. Staff had taken appropriate action to help reduce these risks.
- Staff had supported people after accidents such as falls and sought medical attention where appropriate. Risk assessments were reviewed and updated immediately following incidents. However, further improvements were required to demonstrate how staff monitored people for injuries that may appear following unwitnessed falls. We spoke to the director and the registered manager who informed us they were confident people had been observed after incidents. They acknowledged records had not been kept demonstrating this had happened and addressed this immediately.
- Staff and the registered manager had a positive risk-taking approach which promoted people's independence. This was supported by use of assistive technology and a variety of innovative aids to enhance people's autonomy and well being.
- The provider maintained and monitored firefighting equipment and other equipment used to deliver care to ensure they were in good working order. Measures were in place to monitor the risk associated with people smoking in and around the building and the provider had awareness of the risks.

### Learning lessons when things go wrong

- The provider had systems to record and review accidents and incidents. All accident and incidents were analysed to look for themes and patterns. Any necessary actions to reduce the risk of similar incidents were implemented. We discussed the need to ensure lessons learnt from incidents or events were shared with staff to reduce repeated incidents.

### Using medicines safely

- People's medicines were received, stored, administered and disposed of safely. However, improvements were required to ensure all staff who handled and administered medicines were suitably trained and had their competence checked. We found nurses and senior carers were trained in medicines administration, however the rest of the staff had not been trained. The registered manager and the provider took immediate action to address these concerns and there was no significant impact on people.
- People's medicines records were fully completed. This included medication care plans and directions for the use of 'as and when required' medicines (PRN).
- People received their medicines when they should. People were encouraged to manage their medicines safely and independently where possible.
- Staff carried out regular medicines audits and sought guidance from local pharmacists.

### Staffing and recruitment

At our last inspection we recommended the provider should consider current guidance on to ensure appropriate employment references were always sought when appointing new staff. The provider had made improvements.

- The provider and the registered manager had followed robust recruitment procedures and satisfactory employment references had been sought to check staff's previous conduct. The registered manager continued to operate disciplinary procedures to monitor and manage staff conduct.
- The provider ensured there were enough suitably qualified staff to ensure people received support in line with their assessed needs. We observed, staff responded to people's requests for support promptly. One person said, "I'm independent but get help if I need it at any time, I get all the help I need, and staff are good in all ways." All people we asked shared similar comments.

### Preventing and controlling infection

- People were protected against the risk of infection. The home was visibly clean, and people said they thought the home was kept clean. A team of domestic staff were responsible for maintaining hygiene standards at the home every day. There was an infection prevention champion who sought best practice from other agencies and promoted best practice in the home.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency' in November 2018. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.
- We observed staff used personal protective equipment (PPE), when providing care and support to people. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care which met their needs. Staff assessed, and regularly reviewed people's needs to ensure they could be met. People or, where appropriate, others acting on their behalf, were involved and consulted when reviewing care plans.
- The registered manager and the provider referred to current legislation and best practice guidance to achieve effective outcomes. Care plans contained up-to-date information relating to mental health care, skin care and oral health. Staff were aware of people's choices and preferences and respected them.

Staff support: induction, training, skills and experience

- People were supported by trained staff who had a good understanding of their needs. The provider supported staff to update their training and learn new skills. The registered manager carried out ongoing learning needs assessments to identify new areas of learning for staff.
- The provider had made significant efforts to link in with specialist professionals to develop staff's competence in the management of complex physical health conditions.
- Staff told us they received ongoing training throughout their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People told us they were effectively supported with their meals and drinks and had enough choice. Staff monitored people's dietary intake and made referrals to specialists where required. One person said, "The food is good, and I have a choice."
- The registered manager and their staff supported people to maintain a well-balanced diet and remain as independent as possible with their meals. We observed meals being served. We saw different meals were being offered; the food looked appetising and portions were good sized and varied according to the wishes of people receiving their meals.

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

- Staff worked effectively with other professionals to ensure effective and timely care. Professionals told us staff referred people in a timely manner and followed professional guidance. Advice from specialist professionals helped inform people's care plans to enable staff to meet people's needs. This included guidance in relation to their mental well being, wound care and nutritional needs.
- People's oral care needs had been assessed and where necessary people were referred to specialist dental

services. Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such as using a toothbrush.

- People were effectively supported to attend medical and mental health reviews including therapy sessions out of the home.

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

- People's individual needs were met by the adaptation, design and decoration of premises. There were adequate spaces for people to spend their time on their own or to share with others. The provider had an ongoing refurbishment programme and plans to further improve the accommodation. Access to the building was suitable for people with reduced mobility and wheelchairs.
- The home had adequate signage to orientate people around their environment. People's rooms had been personalised and they were able to bring their belongings when they moved to the home.
- People had access to call bells to request staff support, should it be required. The provider had adapted the call bell system to ensure where required people could alert staff discreetly without disrupting others during quiet times such as night time.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Applications had been made to deprive people of their liberties for their safety. Staff were following conditions where authorisations had been approved. In addition, there was a significant effort to enhance people's freedom of movement. We observed some people were free to come and go in their local community without restrictions.
- The provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the of the MCA principles.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. People said staff always knocked before entering bedrooms and always made sure doors and curtains were closed during personal care. We saw there was a significant focus on promoting dignity and independence. Staff kept records of care securely in locked cupboards.
- Staff accompanied people to community events to enhance their freedoms and limit restrictions.
- People were encouraged to visit their family members and to maintain important relations. The arrangements at the home promoted this.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. Care records contained information about people's backgrounds and preferences, and staff were knowledgeable about these. People were supported with their religious and cultural needs including celebrating cultural and religious events and dietary needs.
- Staff addressed people by their preferred name and seemed to know them very well. They were polite, very friendly and cheerful when supporting people. People were comfortable in the company of staff and actively engaged in conversations. One person commented, "Staff treat me as an individual."
- Staff supported people to ensure they could exercise their democratic and political rights. People were provided support to register as voters and to exercise their right to vote during national and local elections.

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

- People were supported to express their views and with decision making. Care records contained evidence the person who received care or a family member had consented to the care and were at the centre of developing their care plans.
- The registered manager involved all relevant people in decisions about the care provided. People were supported to have access to an advocate and in some instances to challenge decisions about their care. Families were supported to act as advocates for their relatives and the registered manager had sought copies of authorisation to ensure all appropriate views were considered.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care records were written and designed in a person-centred manner. They reflected a person-centred approach. They also contained in-depth information about people's assessed needs and any health needs. In most of the cases, care records had been reviewed and were accurate to reflect people's needs. However, we found improvements were required to the review system. This was because the care plan review system that they had in place was not robust to demonstrate clearly changes in people's needs. The registered manager informed us they would immediately review and improve this system.
- The registered provider was responsive to people's needs. They had privately provided specially adapted equipment such as modified beds for people who were at risk of entrapment and falls due to their neurological needs. This was especially important to maintain safety for people who were otherwise at risk of significant injury. This was person centred.

Meeting people's communication needs

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

- Staff identified, and recorded people's communication needs so they could be met. Staff shared people's needs appropriately with other agencies. People were supported to attend sight tests and hearing tests as well as obtaining hearing aids and spectacles.
- Notices and posters in the home were designed to ensure people with sight impairment could read them. Other documents could be adapted to make it easier for people to read them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was a strong emphasis on keeping people active, improving their mental and physical wellbeing through meaningful activities. We observed people being involved in activities. Activities were provided by a team of activities co-ordinators and occupational therapists who showed passion and commitment in their involvement with people.
- The staff team had put a significant amount of thought and effort to ensure people had high quality activities inside and outside the home to enhance their wellbeing. One person proudly told us, "Staff help me with my paintings, they take me places to show my art and I have won some money you know."
- People's relatives could visit whenever they wanted and people in the home were visiting their relatives independently or with support from staff.

- People were supported to meet their spiritual needs including attending church services, and local clergy would visit those who preferred home visits.

#### Improving care quality in response to complaints or concerns

- The provider had systems to receive complaints and concerns to make improvements to the service. Information relating to how to make a complaint was readily available. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally. One person told us, "I can speak to the carers and can also speak to the occupational therapists if I'm not happy with the response."
- No complaints had been received since our last inspection.

#### End of life care and support

- The provider had arrangements for supporting people to plan for their end of life care. However, we discussed the need to ensure people were offered the opportunity to discuss their end of life care wishes. This was because people's wishes had not been recorded.
- Staff had received end of life care training and there were links with local health professionals. The provider had made steps to work towards a gold standard accreditation in end of life care.

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 registered manager and the provider had policies and procedures around the duty of candour responsibility if something was to go wrong. While the provider had submitted some notifications on significant events in the home, we found this was not always consistent as we found incidents that had not been notified to us and the local safeguarding authority. The registered manager took immediate action and there was no significant impact on people as a result of this.
- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened.

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

- The registered manager and provider promoted a positive culture which empowered people and staff. People and relatives said there was a friendly and relaxed atmosphere at the home. Our observations and written compliments at the home confirmed this.
- People, their relatives and professionals gave us overwhelmingly positive feedback regarding the management team at the home. One professional told us, "The manager is always around and we can speak to them directly anytime regarding the care that people receive and we know they will follow professional guidance"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had sustained a governance system which monitored the quality of the care delivered and ensured compliance with regulations. They had used audits to assess standards and drive up improvements. Staff and the registered manager had a shared understanding of risk and how to reduce them
- There was a system to monitor and provide oversight on the service with day-to-day involvement from the provider. However, the provider needed to establish formal checks to show how they provided oversight on the registered manager and how they were complying with regulations.

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

- People were engaged and consulted about the running of the home and the quality of care provided. The

provider maintained an open culture and encouraged people to provide their views about the care. The service had sought the views of people they support and family members through questionnaires, care plan reviews and residents' meetings. We discussed the need to ensure outcomes of surveys were analysed and results shared with people.

- Feedback from people and from written compliments was overwhelmingly positive. People were extremely positive about the care and the running of the service. One person said, "The staff are so friendly and very organised, they are the best around here."
- Staff told us they could contribute to the way the service was run. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.

#### Continuous learning and improving care

- The registered manager and the owners were committed to ensuring continuous improvements. They met regularly to review the running of the service.
- The owners and their staff had a clear vision in how the service could continue to improve. This included a business plan and a contingency plan.
- The provider had identified staff who were nominated as champions in various areas including infection prevention and control and safeguarding. These staff shared best practice with other staff.
- The provider sought innovative ways to meet people's needs through investment in technology and linking with specialist professionals. People were provided with sensors to monitor their safety and alert staff in the event of any emergencies such as a fall.

#### Working in partnership with others

- The registered manager worked in partnership with other care providers and local commissioners to ensure people could receive safe and coordinated care. They regularly met with other organisations to share current practice. These included local registered managers, healthcare professionals such as GPs, district nurses and other health professionals.