

Burlington Care (Yorkshire) Limited

Crystal Court

Inspection report

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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

About the service

Crystal Court is a residential care home providing personal and nursing care to up to 60 people aged 65 and over, some of whom are living with dementia. At the time of the inspection, 54 people lived at the service. The service is set over two floors with three units.

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

Improvements had been made in all areas since the last inspection. People told us they felt safe and were cared for by kind and caring staff. People received their medicines on time and as prescribed by staff who had the skills and knowledge required. Staff followed good infection control processes and lessons were learnt when things went wrong.

People's needs were assessed, and care plans were regularly reviewed to ensure information remained up to date and person-centred. People were fully involved in the planning of their care and their views were listened to and acted upon.

People had plenty to eat and drink and those who required assistance with their meals received appropriate support.

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.

Staff knew people well and tailored support to meet their different needs. Staff engaged people in meaningful activity and relatives were free to visit the home at any time.

Systems were now in place to allow the manager and provider to continuously monitor the quality and safety of the service provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve the service. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crystal Court

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 team consisted of one inspector, a specialist advisor 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.

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

The service did not have a manager registered with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager left the service in December 2019. A new manager was in post who was in the process of registering with CQC.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided and eight relatives. We spoke with eight members of staff including the manager, regional manager, care workers and kitchen staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the staff training records and menus.

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 improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had failed to ensure sufficient numbers of staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- A safe number of staff were on duty and available to support people with their needs.
- A dependency tool was used to calculate safe staffing levels. The service was overstaffing according to the figures in the dependency tool. We discussed this with the manager and regional manager who agreed to review the effectiveness of the tool.
- People told us there was enough staff on duty. Comments included, "I feel I am being properly looked after. When I need one [staff], they come quickly" and "Staff are around and helpful, so yes there is enough staff."

Using medicines safely

At our last inspection, we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Medicines were stored, administered and recorded appropriately.
- Staff had received medicine training and had their competency assessed.
- People told us they received their medicines on time as prescribed. One person said, "Medication administration is good. I have it given to me because I am forgetful."

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from the risk of abuse and harm.
- People told us they felt safe. Comments included, "It never entered my head I am not safe. The friendship and approachability of staff make it easy going."
- Staff knew what to do and who to speak with if they had concerns to raise.

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

- Systems were in place to identify and reduce risks. Staff completed assessments, which identified any risks and the measures needed to minimise risk.
- Risk assessments had been regularly reviewed to ensure they remained relevant and updated when changes occurred.
- All equipment had been serviced and checked at regular intervals. Checks were also in place for areas such as call bells and bed rails to ensure they remained safe and in full working order.
- Accidents and incidents were fully recorded and analysed to identify trends and ways to reduce risks further. Any lessons learnt were shared with staff.

Preventing and controlling infection

- The service was clean and tidy throughout. Refurbishment work had been completed to improve standards.
- Infection control audits were completed on a regular basis to ensure standards were maintained.
- Staff had access to items such as gloves and aprons to help prevent the spread of infection.

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 requires improvement. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff were suitably skilled and competent. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People were supported by staff who had the appropriate skills, knowledge and training to carry out their roles.
- Specialist training had now been provided in areas such as dementia, dysphagia and positive behaviour support.
- New staff completed a thorough induction and all staff were provided with regular supervision and support.

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.

At our last inspection, we recommended the service refer to legislative guidance and develop staff understanding to ensure adherence to MCA. The provider had made improvements.

- The manager acted within current legislation when people were assessed as lacking capacity to make their own decisions. They made appropriate referrals to the local authority when people required DoLS. When these were authorised, they were monitored and requests for renewal were completed in a timely way.
- Decisions made in people's best interests were appropriately recorded.

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

- People's needs were assessed prior to their admission.
- Assessments were used to develop care plans, which supported staff to provide care in line with people's needs and personal routines.
- Best practice tools were used to assess and monitor people's needs. For example, those at risk of poor food and fluid intake.

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

- People were supported to have enough to eat and drink. Meals and refreshments were available throughout the day.
- People's care records detailed specialist advice, to guide staff. This included where diets required modification to support people to swallow properly and prevent choking.
- People enjoyed the meals on offer and the dining experience was pleasant with staff available to offer support when this was needed.
- People's weights were closely monitored and recorded to highlight any concerns.

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

- Information was recorded and ready to be shared if people needed to access other services such as hospitals.
- People have access to health professionals when this was needed.
- Staff had sought advice and guidance from external health professionals when required. We found one example when professional recommendations with regards to repositioning had not been followed. The manager addressed this.

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

- The environment met people's needs. The service was well-presented throughout.
- A dementia friendly environment had been created. People's cognitive impairments had been fully considered.
- People decorated their rooms with personal items of their choosing. People were encouraged to bring their own items of furniture to personalise their bedrooms.

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 requires improvement. At this inspection, this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness. They engaged in meaningful conversation with people and addressed people in their preferred way. People told us, "Staff are excellent, all of them. They are considerate and kind" and "Staff treat me with respect and have a good attitude towards me."
- Staff were attentive to people's needs. For example, we observed staff going to a person's bedroom to locate their glasses when they realised they had come out of their room without them.
- People were supported in a newly renovated, homely environment where visitors were welcomed at any time.

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

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- Staff completed reviews of people's care plans, which gave people and their relatives the opportunity to comment on the care they received. People told us, "I talk to my husband about my care and we talk to the staff and they help" and "We have discussions with staff and arrange meetings. They include me."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff supported people discreetly.
- Staff supported people to maintain their independence and communicated with people in a way they could understand. For example, re-phrasing sentences to ensure people understood what was being requested.
- People were encouraged to maintain relationships, build new friendships and participate in activities with others. One relative said, "They have brought mum back to life."

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 requires improvement. At this inspection, this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, we recommended the provider reviewed their provision of activities. The provider had made improvements.

- There was a wide range of activities on offer to provide people with stimulation and the opportunity to socialise with others. One person said, "We have just had a brilliant Christmas with so much going on. We are kept busy here."
- Staff supported people to access the community, take part in activities they enjoyed and to pursue hobbies and interests. A relative told us, "I like that they do one to one with people who are less able. Activities are very good here."

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

- People received personalised care and support. Their care plans contained information about their likes, dislikes and preferences. Staff used this information to care for people in a way they preferred.
- Care plans had been reviewed on a regularly basis to ensure they remained up to date and relevant.
- Staff were responsive to people's needs. Comments included, "If I need anything, staff are always around to help me."

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.

- People's communication needs were assessed, and information provided in care plans. These referred to how people communicated their needs and any support required.
- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and followed by the manager.
- People and relatives told us they knew how to raise any concerns. Management listened and acted on

minor concerns raised.

End of life care and support

- Staff were familiar with people's wishes and choices in relation to end of life care and support.
- Numerous compliments had been received in relation to end of life support that had been provided.
- People had end of life care plans in place, but these only contained basic information.

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 requires improvement. At this inspection, this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure robust systems were in place to monitor and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Effective system were now in place to monitor the quality and safety of the service. Where shortfalls were found, action plans were in place to ensure the service continued to improve.
- Senior management visited the service on a regular basis to ensure standards were maintained.
- Improvements had been made throughout the service since the last inspection. Lessons had been learnt and shared with the staff team, so staff at all levels understood the standards that were expected of them.
- A new manager had been appointed and submitted an application to registered with CQC. They had begun to embed best practice into the service.

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

- There was a positive culture within the service. The manager had begun to build strong relationships with staff, people and relatives. Comments included, "The new manager is a breath of fresh air" and "The home has improved as lot."
- People were happy living at Crystal Court. There was a warm, welcoming and relaxed atmosphere.
- The manager understood requirements in relation to duty of candour and had an open and honest approach.

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

- Staff were encouraged to develop within their role and contribute ideas on how the service could further improve.
- The manager engaged with people, relatives, staff and other stakeholders in the running of the service.

Their views were listened to and acted upon.

- Staff had developed good partnership working with other professionals and services to ensure people received the support and treatment they required in a timely manner.