Crown Medical Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 15 and 18 September 2017 and was unannounced.

Crown Medical Services is registered to provide personal care and nursing to people living in their own homes. At the time of our inspection there were seven people using the service, none required nursing care from the service.

There is a registered manager in post. 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.

People were protected from the risk of abuse because staff knew what action to take to protect people. Risk assessments provided staff with guidance on how to manage risks to people. Staff understood risks and how to manage these.

People were treated with dignity and respect and staff understood the importance of respecting people's privacy.

People were supported by staff who wore the appropriate protective clothing when providing personal care.

Staff received training relevant to their role and were supported to effectively carry out their role.

People received care that was individualised by staff who understood their needs. However, care plans were not person centred.

Medicines were not always managed safely, Medicines administration record [MAR] charts contained gaps and were not always correctly completed. 'As and when required,' PRN medicines protocols were not in place.

Staff recruitment practices were not always safe, we found a number of gaps in records relating to references and employment.
We made a recommendation regarding complaints.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Staff recruitment was not always effective and medicines were not always managed safely. We found gaps in MAR charts and there was no protocol for the administration of 'as and when required' PRN medicines.

People were protected from the risk of abuse because staff knew what signs to look for and were aware of the relevant authorities to report to.

People received care from staff who had training in infection control and wore protective clothing when providing personal care.

Is the service effective?

Good

The service was effective. Staff completed mandatory training and underwent an induction before working with the people they cared for. People were looked after by staff who felt supported and received training relevant to their role.

The service was working in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were able to make choices about their daily lives including what they ate and drank. People told us they had sufficient amounts of food and drink.

Staff worked with health and social care professionals to ensure people's health needs were met.

Is the service caring?

Good

The service was caring. Staff treated people with dignity and respect.

Staff knew people well and understood their needs, preferences, likes and dislikes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People received

individualised care tailored to their needs; however care plans were not person centred.

People were encouraged to maintain relationships with people. People and relatives felt able to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led. Systems were in place to monitor aspects of the service, however, these were not effective in ensuring that records relating to people using the service and staff employed by the service were up to date.

People and relatives felt the service was well run and spoke highly of the registered manager. On the second day of our inspection the provider produced an action plan detailing how they would make improvements to the service. This included a timescale for achieving these.

Crown Medical Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 18 September 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications from the service. We also looked at safeguarding referrals, complaints and information from members of the public.

We spoke with two people using the service, we also spoke with the registered manager, deputy manager, two healthcare assistance and two relatives. We reviewed care records relating to people using the service, this included four care plans and risk assessments, daily logs of care and medicine administration records (MAR). We also looked at four staff personnel files and other relevant information such as policies and procedures. We reviewed the provider's action plan, sent to us following the inspection.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe with care staff, one person told us, "They [care staff] are very friendly. I think they [care staff] are really good." Relatives told us that they felt their relative was safe and said, "They [care staff] are really, really friendly."

Records showed that before recruiting staff to work with people criminal record checks were completed. Staff files contained application forms, proof of identification, notes of interview and in some cases a job description. However, we found a number of gaps, for example one application form did not contain dates for one period of employment, whilst one of the references provided was not from a person in authority. Another staff member had an unexplained 11 year gap in their employment history. A third staff member had a character and professional reference from the same person, the reference from the previous employer was written in another language, therefore we were not able to establish what this contained. The registered manager told us that he had asked for this to be translated. For a fourth staff member the address details of their previous employment were not documented and, the reference completed by an educational institution was not authenticated or stamped. The registered manager told us that they would usually ask about any gaps in employment. We saw that there was a template for conducting recruitment audits, however this had not yet been used. This put people at risk of being cared for by staff who may not have been suitable to do so. The registered manager had taken immediate action to review recruitment files and subsequent to the inspection sent us details of the further action they planned to take.

The above issues relate to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff administering medicines were trained and able to explain how to safely manage people's medicines. One staff member told us, "I do administer medicines, maintain MAR and only administer medicines from blister packs." This was confirmed by another staff member who told us, "I administer medicines if in blister packs and I administer prescribed medicines only." They told us that if they were unsure about any medicines they would contact the office to seek guidance. Staff knew about 'as and when required' (PRN) medicines and could explain the procedure for administering them. The registered manager told us that staff prompted or assisted with medicines, for example one person who required PRN medicines for pain relief was supported by staff to administer this. Records showed that PRN medicines were not always correctly recorded to show when and the reasons why they were administered. MAR charts were hand written and details in relation to PRN medicines were unclear as the writing was not legible. We fed back our findings to the registered manager who told us that they would be discussing this with staff and introducing new protocols for recording PRN medicines and better monitoring systems.

Specific risks were not always documented, such as the risks associated with PEG feeding [a tube used to provide food and fluid by mouth when oral intake is not adequate] and the importance of flushing out the tubes. This put people at risk of receiving unsafe or inappropriate care. The registered manager was aware of the improvements required, including the risks associated with PEG feeds. This had been detailed in their action plan which included a review of all risk assessments and was sent to us following the inspection.

The above issues relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff were aware of safeguarding procedures and the types and signs of abuse, including bruises, physical marks or a change in behaviour. One staff member told us, "Safeguarding is about saving people from any abuse such as sexual, financial, emotional." Staff knew the process for reporting their concerns, including speaking to the manager and if not available the care coordinator and to contact the police if their concerns were serious. Another staff member told us, "I would whistleblow by going to CQC re: unsafe practices."

The registered manager told us that there were five care staff employed by the service. In an emergency or when staff were running late, the registered manager or the deputy manager would cover care staff. The registered manager also told us that this gave them an opportunity to speak with people using the service to find out whether they were happy with the service. Records showed that the service cared for five people who required two staff for either hoisting or turning. People and relatives we spoke with told us that two care staff always attended, therefore people were cared for by sufficient numbers of staff.

Staff were allocated based on geographical areas and if the visit locations were far from the staff members home, then the manager arranged transport. "Like when I visit [name of the person using the service] who lives in Ongar. Staff said they were given time to travel to each location. One staff member told us "We get sufficient time to travel and manager carries out constant checks to see how we are doing." Another staff member said, "I am happy with staff allocations, travelling time is sufficient, double up staff always arrive on time." The registered manager told us that they were in the process of recruiting additional staff, and records reviewed confirmed this.

Staff were aware of what was expected of them on double up calls and what to do if the second healthcare assistant did not turn up on time. One staff member told us "I would contact the healthcare assistant and find out how late they were going to be and if they could not attend the call I would contact the office and wait for the second healthcare assistant to arrive. Meanwhile I would proceed with care delivery that did not require two carers such as medicines administration and breakfast." Staff were also aware when they could not go ahead with care delivery without the second staff member. One staff member told us "But there are some people who could not be supported without the second staff member and in that case I would speak to the manager and wait for the replacement healthcare assistant to arrive." People and relatives confirmed that staff turned up on time and where two staff were required this need was met. A relative told us, "Two people [care staff] always arrive. They never let us down."

People's general risks were assessed and guidance was provided on how to mitigate the risks identified. Risk assessments covered areas such as, skin integrity, nutrition, falls, nutrition and fluid intake and the control measures required to manage any risks. A risk action plan was completed for each assessed risk. This gave a summary of the risks including a risk score and the action required to mitigate them.

Spot checks carried out by the service showed that staff wore protective clothes/gloves when required. People and relatives told us that staff dressed in a uniform and always wore protective clothing before providing care. Staff had access to a supply of disposable gloves and aprons which were kept in people's homes.

Good

Is the service effective?

Our findings

People felt staff were well trained and knew their job well. One person told us, "I find them [care staff] all very, very nice."

Relatives felt staff were well trained. One relative told us that they thought staff were, "Well trained. They [staff] are very good." They also said that staff always asked their relative for consent before providing care, "They [staff] always explain."

Staff said they felt supported by the registered manager. "I enjoy it [job], enjoy working with them [people using the service], find employers are helpful and assist when we need help." Another member of staff told us, "I am loving the job I am doing." When asked if they felt supported they told us, "[manager] is always there to guide you and support you."

Staff received training relevant to their role. One staff member told us, "There is plenty of training provided including specialist such as using hoists." They said the training was, "Helpful" and enabled them to do their job, "Well."

Records showed that staff completed an induction based on the Care Certificate, this is an identified set of standards that health and social care workers adhere to in their daily working life. This provides reassurance that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This induction covered areas such as the role of the health and social care worker, personal development, effective communication, equality, diversity and inclusion, health and safety in an adult social care setting and first aid. Records also showed that staff completed mandatory training in areas such as safer medicines management, moving and handling, infection control and safeguarding.

People's rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in domiciliary care agencies are to be made to the Court of Protection.

Staff understood the importance of consent and asking people for their permission before providing care, One staff member told us, "People have right to make decisions and where a person was unable to make a decision there should be someone appointed on their behalf to make decisions…I always ask for consent before supporting."

Some people prepared their own meals with help from their relatives or with assistance from staff. For

example, one person's care plan stated, "Assist with personal care, including warming up food and making drink of choice." One relative told us that their family member using the service had plenty of, "Snacks and fluids." If people were unable to prepare their own meals staff would prepare them meals of their choice.

The service worked with health and care professionals to ensure that people's needs were met. This included working with the physiotherapist for one person who required a wheelchair to encourage them to go out in the community. Another person received regular visits from the district nurse to manage a pressure sore which had since cleared up.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind, "They are very caring and very kind….I'm really pleased with them [care staff]." When asked whether they felt staff treated them with dignity and respect they said, "Absolutely."

Relatives told us that people were treated with dignity and respect, and they were involved in their relative's care. One relative told us that they attended care plan review meetings and were, "Kept involved." Another relative told us staff were, "Excellent. If any problems they call. If [relative] not well they phone me."

Staff understood the importance of respecting people's privacy and providing care in a dignified way. One member of staff told us "Always close the door and draw curtains when assisting with personal care, do not rush people, give them choices." The registered manager and deputy manager knew people well and were able to tell us about their individual needs.

Staff understood people's needs and knew people's likes and dislikes. For example, one staff member told us, "I support [person] with another staff member and help [them] with personal care...also supporting [them] with exercises that were shown to us by [their] physiotherapist. Another staff member told us, "[Person] likes to have a slice of toast with a cup of tea for breakfast and also likes juice in the morning." This was confirmed by relatives who told us that staff understood their relative's needs.

Individual care plans were in place, these covered areas such as the maintenance of personal hygiene, mobility, social and communication skills, eating and drinking, continence management, and skin integrity. These were not person centred and required more written detail about people's likes and dislikes and preference for care, such as whether people preferred a bath or shower. The registered manager told us that they were still developing templates and in the process of finalising the care documents they planned to use. They told us that they were working on a daily task plan which would give staff an overview of the care required, and records seen confirmed this. The provider's action plan sent to us following the inspection included a review of all care plans and risk assessments.

People's cultural and religious needs were documented in their care plans. For example in one person's care plan it stated that the person was a 'Christian'. This helped staff to understand how to support people in meeting their religious or cultural needs, by knowing more about their choice of worship.

People maintained positive relationships with family members and friends. For example one relative told us that they visited on a daily basis. Records showed that staff encouraged relationships with family members and regularly spoke with them about their relative's needs, including any changes. One relative told us that staff always notified them when there was a change in their relative's needs.

People were encouraged to express their views about how they were cared for by staff. The registered manager told us they made themselves available for people to call at any time should they have any concerns or needed to talk with them. This was confirmed by people using the service and relatives who told

us that the manager provided them with their contact number and encouraged them to call to discuss their concerns. Records showed that the registered manager undertook random visits to people to obtain their views about the care they received, which would include asking whether they were happy with their healthcare assistant and the care they provided.

Requires Improvement

Is the service responsive?

Our findings

Each person had an individual care plan which documented their areas of need. This included maintenance of their personal hygiene, mobility and medication; how to meet their religious and cultural needs and their dietary requirements. Although staff knew people well, and were aware of people's preferences, they had not included this information in their care plans. The registered manager told us that the plans would be updated to include people's preferences and likes and dislikes. Care plans did not reflect people's individual needs, this put people at risk of receiving care or treatment that was inappropriate or unsafe.

The above issues relate to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider's action plan sent following the inspection included carrying out a review of people's care plans and including details of how people like to be assisted with care, for example, shower, meal choices and how people prefer to be addressed.

People's individual needs were assessed before being provided with a service. Each person's file contained an assessment and outcomes form which provided details of the person's health needs, what they liked and how they wanted to be cared for, as well as their cultural and religious needs. The files also included an assessment of risk. An initial referral indicating the package of care required was sent to the registered manager by the funding authority. An assessment of need was then carried out by the registered manager or deputy manager to determine the level of service required. This included assessing, for example, the person's mobility, personal care needs and how many daily calls would be required.

People received individualised care tailored to their needs. For example, the registered manager had recommended a wheelchair be provided to one person to help them develop their independence; and had worked closely with an occupational therapist to enable the person to go out into the community. Staff were responsive and aware of people's needs and abilities. For example, one staff member told us, "[Person] is entirely dependent on staff for daily living activities, in the morning we give [them] bed bath and sometimes shower, depending on what [they] liked, using a full body hoist, we hoist [them] and take [them] to the lounge." They told us that they had received detailed training in moving and handling and felt confident in using hoists. They were able to describe how to use a hoist in a safe manner, "We bring the hoist nearer to the bed, adjust the bed's height accordingly, work in pairs and ensure sling is put on properly." The registered manager described the way staff communicated with a person using a PEG feed. For example, the person enjoyed mango juice, so staff would use this as a point of reference by saying, this is mango juice and the person would respond positively by smiling and laughing with staff, this was confirmed by the person.

The provider had a complaints policy which included key contacts, such as the CQC, local authority, clinical commissioning group, local government ombudsman (LGO) and an independent advocacy service. The service user information booklet also included a section on 'how to complain' which included a timeframe for when complaints would be dealt with and a complaints form. This stipulated that 'no matter what your concern you have the right to complain,' which meant people were encouraged to make a complaint if they

were not happy with the quality of care they received. However, the service user information booklet lacked some information, for example information about the LGO and included out of date information about the CQC which was referred to as the Commission for Social Care Inspectorate. We informed the registered manager who told us that this would be updated accordingly. Relatives told us they felt able to approach the registered manager at any time knowing he would address their concerns. One relative told us they had seen a copy of the complaints policy and knew how to make one if they felt the need to, but said they did not have any complaints. Another relative told us, "The manager has come a couple of times and asked if we are happy with the service."

We recommend that the provider reviews their information booklet so that it reflects information in their policy, especially key contacts.

Requires Improvement

Is the service well-led?

Our findings

People told us that they felt the service was well run, "Yeah, very much." Relatives told us that they had the registered manager's direct number and were able to speak with them at any time. Comments included, "If I ask a question the [registered manager] answers pretty well. I like him," and "They do run it well. My [relative] hasn't had that sort of care for a long while."

The provider did not have effective quality monitoring systems. We found MAR charts were inaccurate and did not contain relevant information in relation to 'as and when required' PRN medicines. For example, one person was prescribed PRN medicines yet this had not been documented on the MAR chart or daily care records. For another person staff had incorrectly recorded on the MAR that the person had refused their medicines using the code 'A.' However, this medicine was prescribed as PRN to be given only when required. Therefore staff had incorrectly recorded medicines as being refused. Therefore we could not be assured that people received their medicines as required.

References and gaps in employment were not verified for new staff. This put people at risk of receiving care and treatment from staff who may not be suitable to work with them.

Risk assessments that identified specific risks and how to mitigate these were not in place, for example those associated with PEG feeds. This put people at risk of receiving unsafe or inappropriate care.

The above issues relate to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider sent us an action following our inspection. This outlined the actions they proposed to take to ensure the areas of concern were addressed and included plans to complete an audit of recruitment files, care plans and documentation relating to care, such as, medicine administration records. The registered manager told us that they would not be admitting any people until they, "Got it right," and that they were committed to getting, "Things right."

The registered manager and deputy manager had a 'hands on' approach and as well as managing the service, delivered care. Both are qualified nurses. The registered manager told us of the importance of delivering good quality care to people and said, they used CQC mum's test [which asks the question; is this good enough for my mum or any other member of my family] "That is what we base our care on."

Staff worked as a team. One staff member told us "I currently work with one particular healthcare assistant and we work very well as a team and we support each other, update each other on new legislations and knowledge."

Records showed there was a system for obtaining feedback from people and checking the quality of the service. As part of the monitoring of the service the registered manager told us that he sees, "all clients twice/three times a week," to ask them how they were and whether they were happy with the care provided

by staff; records confirmed this. The registered manager also completed a 'service user survey form/spot check' which included asking people about their experience of the care delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Personalisation contained within care records was inconsistent and did not always contain sufficient details of personal preferences and circumstances. Regulation (1)(a)(b)(c)

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure care and treatment was provided in a safe way for people. People's health was put at risk because risks assessments for specific health needs had not been assessed and how to mitigate any such risks. People's health and wellbeing was at risk because of unsafe practices at the service regarding the proper and safe management of medicines. Regulation 12 (1) (2) (a) (g)(h)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems used by the provider to assess, monitor and improve the quality and safety of the service were not always effective. These

systems had not identified potential problems with the quality of care planning, the safety of medicine management or the thoroughness of risk assessments.

Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not always being operated effectively by the provider to ensure that only suitable people were employed at the service. Regulation 19(1)(2)(3)