

Crystal Care Home Care Limited

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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

We inspected this service on 8 November 2016. The inspection visit was announced.

Crystal Care Home Care delivers personal care to people in their own homes. At the time of our inspection, 83 people were receiving the service. The service predominantly supports older people and can support people with complex and specialist support needs.

We last inspected the service on 7 August 2014 where no concerns identified

There was not 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. On the day of the inspection visit, the provider supported this manager to explain how the service operated and was managed.

People told us they felt safe with the staff that came to their home. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

Risks of harm to people were identified at the initial assessment of care and their care plans included the actions staff would take to minimise the risks. Staff understood people's needs and abilities because they had the opportunity to get to know people well through shadowing experienced staff during induction before working with them independently. Equipment used to support people was regularly tested to ensure it was safe to use

People were supported by regular members of staff who supported people in a timely manner. Staff were trained in medicines management, to ensure they knew how to support people to take their medicines safely to keep accurate records.

Staff received the training and support they needed to meet people's needs effectively. Staff felt supported by management team and were encouraged to consider their own personal development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. People made their own decisions about their care and support. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People told us staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People and relatives said that the service was responsive to their needs. The service proactively assessed people's needs so they received support when they needed it. The service worked with other providers to provide care to people so they could either stay in or return to their family home.

People received person centred care from a service that had a flexible approach and was responsive to unforeseen circumstances

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them. When areas of improvement were recognised plans were put in place to resolve them.

People and relatives agreed that the service was managed well. Management understood the service being provided. Staff and management talked about the open door policy in place, which made the management team approachable.

The provider's quality monitoring system focused on the experience of people. It included asking people for their views about the quality of the service and field supervisions and observations. The computer system in place informed the management team when tasks, such as a review of care, were due. We saw that these were completed when needed.

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.

People were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

People were supported by sufficient number of staff who supported people regularly and who were recruited safely.

Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and training to support people's needs and staff felt supported.

The requirements of the Mental capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

Staff understood the importance of building caring relationships with the people they supported.

The service understood what is important to people and took this into account when requests were made to change support times.

People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed to ensure they received appropriate support.

People's care was person centred and care planning involved people and those close to them.

Staff were responsive to the needs and wishes of people.

People and relatives knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Good ●

The service was well led.

The service ensured there was a positive culture that was person centred, open, inclusive and empowering for people who used the service.

Staff knew and understood the organisational values which were reflected in the support we observed.

There were effective quality assurance systems that focused on the experience people received.

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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 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.

The inspection took place on 8 November 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to meet with us. This inspection was carried out by one Inspector and one expert by experience. An expert by experience is a person who has specific experience in the type of care and support being provided. The inspector visited the office and spoke to staff. Follow up calls to people, relatives and staff were made by an expert by experience.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, social workers and commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit, we spoke with the provider, the manager, the compliance officer, two care coordinators, the finance manager and admin support officer. Follow up calls were made to seven people, four relatives and six members of staff. We also received feedback from a social work team and commissioner.

We reviewed six people's care plans and daily records, to see how their care and support was planned and

delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

People said they felt safe receiving support from staff at Crystal Care Home Care. One person said, "I feel safe and I trust them completely." Another person said, "I don't need much support but they make sure I am safe and well."

People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. All staff had received safeguarding training and had good working knowledge of safeguarding procedures. One member of staff said, "We always use our eyes and ears to assess the overall situation when we make a visit to someone. If we have any concerns we raise it with the office and they will either carry out an assessment or refer the concern on to the appropriate person". Information about raising concerns was made available to people in their support files, which were left in their house. The manager had ensured all relevant information about safeguarding was received when people were referred to the service. This ensured staff knew how to support people safely before support commenced. The manager had raised safeguarding alerts with the local authority when they had any concerns and the service had taken steps to address any risk of harm.

Staff were able to identify and minimise risks to people's health and safety. When potential harm had been identified, risk assessments had been put in place to keep people safe. A variety of risks had been identified that included moving and handling, malnutrition and dehydration and behaviours that may challenge. Where a person's health had changed it was evident that staff worked with other professionals to manage risks. We saw that staff worked with appropriate health professionals when needed, including district nurses and the community matron. A member of staff said, "I use observation to assess any changes (of needs) and if I'm concerned we will contact the District Nurse Team." Daily records showed input from health professionals when new risks have been highlighted. For example, when concerns were raised by staff about a person's mobility they worked with an occupational therapist to ensure they got a new wheelchair that met their needs.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. People had health and safety checklists, which staff completed and which were reviewed and updated when things changed. People who were hoisted had a plan, which highlighted risks and how they should be supported. Equipment, such as hoists and profiling beds, were audited to make sure all safety checks were carried out when needed to ensure people stayed safe. People who used a hoist had a sling assessment to ensure the sling they were using met their needs.

Staff had a clear understanding of what they needed to do to make sure they left people safe when they finished a call. One person said, "They (staff) are really fantastic and they never leave until they're sure I'm happy with everything."

Although not many accidents and incidents happened they were recorded and monitored by the provider so they could identify any patterns or trends and take action to prevent further incidents. Staff had completed first aid training and helped people if they had an accident.

People would be protected in an emergency. Arrangements were in place to manage people's safety. These arrangements included a contingency plan, which highlighted that the service had local teams covering local areas to minimise the risk of potential missed calls and the impact on people if something were to disrupt service delivery, such as bad weather.

The manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. People's needs were regularly assessed and reviewed and staffing levels were planned around needs highlighted. Support calls were monitored and reported on by the management team and a system was introduced to reduce the risk of missed calls. People told us that staff arrived at the agreed time and supported them for the allocated time. One person said, "I've never had any missed calls." Staff told us there was enough of them to support people and that they, "rally around," to cover shifts when needed. A relative said, "Its good care and they always stay for the correct amount of time." A commissioner told us, "They (the service) do not have a problem with timekeeping."

People were protected by staff employed that had undergone safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. People were supported with their medicines by staff who had received medicine training and an annual medicine competency assessment. Staff training included how to administer medicines including using a nebuliser. A nebuliser is a drug delivery device used for people with respiratory diseases and disorders.

Staff either prompted, supervised or administered medicines to people. When needed, people had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis. These protocols detailed when staff should administer these medicines, the dosage and time. Depending on people's needs staff ensured medicines were being stored in people's flats in a safe way. There were systems in place to dispose of medicines safely. Regular audits of medicines were undertaken and medicine administration recording (MAR) charts showed all prescribed medicines was signed as being taken when people were supported.

Is the service effective?

Our findings

People and relatives told us staff had the right skills and knowledge to give them the care and support they needed. A person said, "They seem well trained and understand my needs." Another person said, "They know what they're doing and they're excellent."

The provider told us that the staff induction was centred around the staff member's needs. The induction focused on policy and procedures, expectations of the role and mandatory training, such as safeguarding, moving and handling and first aid. Once the mandatory training was completed a new member of staff would start their shadowing sessions. We were told there are no time scales to each stage of induction, "It's about supporting the member of staff to feel confident in the role." New staff were supported to complete the Care Certificate. The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. All staff said they received appropriate training to carry out their roles effectively. The management team actively encouraged personal development with the offer of diplomas in health and social care.

Staff felt supported by the management team. When a learning need was identified coaching was put in place to support staff to meet the expectations. For example, one member of staff was not confident in administering and recording medicines. Support was put in place to ensure this member of staff gained the skills and the confidence needed to fulfil their role and support people effectively.

We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The manager assessed the capacity of all people. Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were followed. People who had capacity signed a 'consent to receive care' form. For example, we saw consent forms for care and support received from the provider.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A member of staff said, "It's all about the clients having choice and we work with them and their families to help them remain well and as independent as possible."

No one's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for domiciliary care services and supported living schemes are called the Deprivation of Liberty Safeguards

(DoLS). Although at the time of the inspection no one was being deprived of their liberty the manager understood their responsibility when it came to making DoLS applications to the Court of Protection.

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded in their care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing.

People were supported by staff who ensured they were eating and drinking enough to stay healthy. Staff involved people in this by asking them what they had eaten and drunk. A member of staff said, "We monitor food intake and if I had concerns I would raise them with the family and the office. We work closely with a range of services so other health professionals are contacted too."

People were supported to maintain their health and wellbeing. People's care plans included their medical history and current medical conditions, so staff knew the signs to look for that might indicate a person was unwell. A member of staff said, "It's important that we use observation to assess situations as clients health can fluctuate from day to day and we will adapt our care approach to account for any fluctuation."

Where people's health had changed appropriate referrals were made to specialists to help them ensure they received the most effective support, this included referrals to the district nurse team. A person who developed a pressure wound in hospital was effectively supported so the wound cleared up. Another person had input from an occupational therapist, district nurse and community matron. Staff supported people to the GP if they felt unwell, or called the emergency services if they found a person in distress.

Is the service caring?

Our findings

People said that they were well cared for by staff. One person said, "The carers are very caring and they listen to me and respect my wishes." Another person said, "They never rush you and they've always got a bit of chit chat, they're all marvellous." Relatives described carers as, "Lovely people", "Very calm", and, "Very kind." A written compliment to the provider said staff had supported a person with, "Kindness."

Staff understood the importance of developing positive relationships with people, their families and other people who were important to them. Staff had shadowing sessions to get to know people before they started supporting people on their own. Staff told us supporting people regularly meant they could develop a good relationship with people and understand their needs better.

Staff told us they read people's care plans before they started working with them. The language used in care plans, for example, 'encourage' and 'prompt', promoted people's independence, by reminding staff to support and enable people rather than 'look after' them. Daily notes and what staff said to us reflected this approach.

People and relatives were involved in planning people's care. People said that close relatives and people who were important to them, were involved in planning and reviewing their care, if they wanted them to be. A relative said they were fully involved in their loved ones, "Yearly assessments." Support needs highlighted in their assessments had been carried through to their care plans. People told us that support was being offered in line with care plans.

While in the office we observed positive and friendly conversations between people and staff. This highlighted that people were clearly confident and comfortable in the company of staff at all levels of the organisation.

People were supported to express their views and be actively involved in decision making about their care. We saw people regularly requested support for a particular time. These requests were met with a flexible approach, which empowered people to be as independent as possible. We saw that one person had requested to rearrange support due to a last minute social event. A member of staff said this request was met because, "It was important to the person."

People's privacy and dignity was respected. All of the people we spoke with told us staff treated them with respect and dignity. People told us that staff always respected their private space and encouraged their independence. A relative said that the staff supported their loved one in a respectful way when they are having their personal care. For example, "The staff always ensure (name of person) is covered during person care."

During the inspection information about people being supported was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events

and those in their lives that were important to them. During the inspection staff were observed giving each other updates on people's support in a confidential and professional manner.

Is the service responsive?

Our findings

People and relatives said the support received from Crystal Care Home Care was responsive. One person said, "I would give them 10 out of 10, they are lovely – fantastic." Another person said, "I think the service is excellent. I get an assessment regularly and I get a letter each year asking for feedback."

People were supported by a responsive organisation that had a designated team dedicated to ensure referrals were picked up and acted upon quickly. This ensured people received support when they needed it. The provider explained that the service had two teams; an assessment team and a care team. On receiving a referral the assessment team would carry out an assessment of the person's needs. This ensured staff had sufficient information to determine whether they were able to meet people's needs before support started. The assessment team would support all new people for up to the first 48 hours of their care package depending on their needs. They would then hand over the support package to the care team who provided the bulk of support. We were told by the provider that this, "Ensures the person's needs are properly assessed. This also aids communication with our care team and the person receiving support."

Crystal Care Home Care had worked with other care providers to deliver care packages at short notice. This reduced the impact on people who otherwise would have had to stay in hospital for prolonged periods of time or had respite care arranged for them. In one such example a person had been given notice by another provider and would have had to go into a respite placement if care was not provided for them. The proactive response from Crystal Care Home Care meant this person could remain in their family home. In another example an assessment of need was completed for a person when doctors deemed they were fit to be discharged from hospital. Support from Crystal Care Home Care commenced that evening allowing this person to return to their home as soon as possible.

People told us staff were responsive to their needs and preferences. People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. A member of staff said, "We work closely with our clients and get to know their likes and dislikes." The care plans gave an overview of the person, their life, preferences and support needs. Care plans were focused on the individual needs and wishes of people. We saw that people's wishes were respected. One person said they preferred to be supported by female care staff. We saw from daily notes that this wish was respected. Their relative said, "(Name of person) always receives care from a female carer."

People said the staff would keep them as safe as possible while they developed and maintained their independent living skills. For example, a person was encouraged to be involved with their hoisting. Due to their support needs this was assessed on a daily basis. This approach encouraged the person to be more involved in their care by ensuring they had as much control as possible.

The service had a flexible approach, which was centred around meeting the needs of people. A person said, "The staff are always very kind to me and they help me to stay independent, but if I'm not well enough to do something they will do it for me – no problem."

People and relatives told us that staff were responsive to the changing needs of people. Staff were coached and trained to pick up, notice and respond to changes of people's needs. People's needs were continually reassessed to ensure they were receiving the best possible support for them. For example, one person's needs had changed recently. These needs had been reassessed and we saw they were now receiving more hours of support.

People were supported by staff who were responsive to unforeseen situations. One person had been discharged from hospital and was suffering from a health related issue. Staff were seen to organise an urgent medicines review to ensure this person remained healthy. The service had also been complimented by the local authority for proactively picking up on a medicine error that was made when a person was in transition from services. The letter read, "It is reassuring that your staff were able to spot the error."

The service had an out of hours on call service that meant that staff could respond to people's changing needs out of hours and on the weekend. The provider explained that this system also allowed the service to carry out assessments and start packages of care on the weekend.

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. People and relatives knew how to raise complaints and concerns. Each person had information about how they can make a complaint in their support files, which were kept in their house. There had been no complaints. One person said, "I'm very happy with Crystal Care, I've no complaints at all." Another person said, "I have nothing to complain about." The manager said that when received, complaints and concerns were taken seriously by them and used as an opportunity to improve the service.

We saw that when there were areas of improvements to be made the management team responded appropriately. For example there was a missed call reported at the start of the year. This was picked up quickly and a member of staff was sent out immediately to cover the support. The service responded to this by implementing a system where members of staff call the management team before and after supporting this person. The person and their relatives were happy with this outcome and felt reassured.

Is the service well-led?

Our findings

People and relatives spoke of Crystal Care Home Care positively and all described that the service was very well managed. One person said, "It seems very well managed to me." Another person said, "The care is very good, the management is very good."

Despite this at the time of the inspection the service did not have a registered manager in place. The current manager of the service had been in post since March 2016 and CQC had not received a registration application for them. Having a registered manager is a requirement for this service. Since the inspection the current manager has received their DBS so they can now apply to become registered manager.

The manager told us about the service's missions and organisation values of providing the best quality care to ensure people's independence was maintained. Staff we spoke with understood and followed these values to ensure people received person centred care to aid their independence.

The management team were passionate about the care provided. There was a culture that was person-centred, open, inclusive and empowering. Management and staff talked of the 'open door policy' that was in place. This made staff feel they could approach management for support when needed. The service had a long standing team of carers who felt supported by management. When asked about the managerial support a member of staff said, "I think that's why a lot of staff have been here a long time."

The management team were approachable and people and relatives benefited from this. The manager and care coordinators worked regularly with people and had a shared understanding of the key challenges, achievements, concerns and risks, which were highlighted in their provider information return (PIR). For example, it was highlighted that the care staff lacked understanding of what the managerial team did on a daily basis. There was a plan in place for care staff to spend time with the management team in the office to gain a better understanding of the operational side of the organisation.

Training and support were available for staff who wanted to develop and drive improvement within the home. Several members of staff were working towards their diploma in social care, which they said they were being supported by the provider to complete.

The provider encouraged people's involvement in their care. As well as customer feedback questionnaires, which provided positive results, another quality assurance system in place was monitoring support calls. This involved a member of the management team shadowing a support call and speaking to the person being supported. This gave people the opportunity to speak face to face with management about how their support was going and what could be improved. We saw that in one such call a person's passion for cooking was discussed. An assessment was arranged to ensure that this person was able to be as independent in the kitchen as possible.

People's care and support was regularly monitored so continuous improvement could be made. The service carried out an audit that covered areas such as views of people, care plans and medicine administration.

The quality of support calls were monitored with the involvement of people. A computer system being used highlighted when tasks needed to be completed. For example, there was a note that explained due to a change of need a person's care plan needed to be reviewed, which we saw had been completed.

Field supervisions and observations were the cornerstone of quality assurance. Field supervisions were feedback sessions to staff on support calls they had made to people. These covered areas such as rapport, manual handling and paperwork. The provider explained to us that the most important quality check to them was the experience people were receiving.