

Crest Care Services Ltd

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Inspection report

Littleton House
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Tel: 01784557260

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 19 September 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to older people living in their own homes. The agency provided personal care to 23 people at the time of our inspection.

There was a registered manager in place. 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.

At our last inspection we identified concerns in relation to the agency's recruitment procedures. We also found medicines were not managed safely and that people's care plans were not reviewed regularly enough to ensure they reflected their needs. Staff had no travelling time between their scheduled care visits, which meant people's visits were often delayed. Staff did not have opportunities to discuss their performance or their training and development needs with their managers. Spot checks had not been carried out on some staff, which meant the registered manager could not be sure they were providing consistent and effective care. Some people were dissatisfied with the agency's communication with them.

At this inspection we found improvements had been made. Staff had been recruited safely and people's medicines were being audited to ensure they were being administered correctly. People's care plans had been reviewed and updated where necessary. Staff had travelling time built into their rotas. Staff had received one-to-one supervision, which provided them with opportunities to discuss their professional development and training needs. Spot checks had been carried out to check that staff were providing care safely and in the way people preferred. A care co-ordinator had been recruited, who had contacted all the people using the agency to hear their views about the service they received.

Although improvements had been made in these areas, we identified further improvements that the registered manager needed to make to ensure the service was well-led. Most people reported that communication from the agency's office had improved since our last inspection and that, as a result, they could access the information they wanted when they needed it. However, some people told us that they could not always contact the office when they needed to and had to leave messages, which were not always responded to. We have made a recommendation about this.

Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse. Staff understood any risks involved in people's care and managed these well. The provider had developed a contingency plan, which prioritised the delivery of care to people most at risk in the event of an emergency. Staff helped people keep their homes clean and maintained appropriate standards of infection control.

Staff had access to the training they needed to carry out their roles. People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and understood its principles. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Staff understood people's healthcare needs and supported them to maintain good health.

Staff were kind and caring. People had developed positive relationships with their care workers and enjoyed their company. Relatives said staff treated their family members with respect and maintained their dignity when providing care. Staff supported people to maintain their independence wherever possible.

Care plans provided guidance for staff about people's needs and the way they preferred their care to be provided. The agency was not providing end-of-life care at the time of our inspection, although people were able to express their wishes about this aspect of care to ensure this information was recorded. Team meetings had been introduced since our last inspection, which staff told us had improved the information they received from the agency's management team. Where necessary, staff worked in partnership with healthcare professionals, such as community nurses, to provide people's care.

People had opportunities to contribute their views about the service they received. The agency's care co-ordinator had contacted all the people who used the service for feedback since our last inspection. People knew how to complain if they were dissatisfied. People who had complained told us action had been taken as a result of the concerns they raised.

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 by the provider's recruitment procedures.

People's medicines were managed safely.

Staff attended training in safeguarding and were aware of their responsibilities should they suspect abuse was taking place.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

Staff maintained appropriate standards of infection control.

Is the service effective?

Good ●

The service was effective.

People received their care from regular staff who understood their needs.

Staff had access to the induction, training and support they needed.

People's care was provided in accordance with the Mental Capacity Act 2005.

People's nutritional needs were assessed and recorded in their care plans.

People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be

done.

Staff supported people in a way that maintained their dignity.

Staff supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's individual needs had been reviewed since our last inspection and their care plans updated.

Care plans provided guidance for staff about people's needs and the way they preferred their care to be provided.

Staff had the information they needed to provide the care people required.

People knew how to complain and felt comfortable raising concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People were not always able to contact the agency's office when they needed to.

The support provided to staff had improved.

People had opportunities to give their views about the agency and these were listened to.

Systems of quality monitoring had improved, including auditing and spot checks on staff providing people's care.

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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.

This inspection took place on 19 September 2018 and was carried out by one inspector. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's office and spoke with the registered manager and the care co-ordinator. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records related to the management of the service, including satisfaction surveys, complaints, quality monitoring checks and audits.

After the inspection, we spoke with two people who used the service and two relatives to hear their views about the care and support provided. We also spoke with two members of staff to hear their views about the training and support they received.

Is the service safe?

Our findings

At our last inspection we found that the agency's recruitment procedures did not adequately protect people. One member of staff had begun work before the agency had obtained a Disclosure and Barring Service (DBS) certificate for them. DBS certificates help providers ensure that staff are suitable for work in care and support services. Two staff had references provided by friends or family members, which did not represent satisfactory evidence of good conduct in their previous employment.

At this inspection we found action had been taken to improve. There was evidence that the provider had obtained all necessary documentation before staff began work. This included proof of identity, proof of address, DBS certificates and appropriate references.

At our last inspection there was a risk that people would not receive their medicines correctly as the registered manager had not audited people's medicines administration records regularly. We also found that staff who administered medicines had not been observed by an appropriately qualified person to ensure their practice was safe.

At this inspection we found action had been taken to improve. Medicines administration records were collected and audited regularly by the care co-ordinator. The care co-ordinator had also carried out observations of staff practice when they administered people's medicines to ensure they did this safely. People who received support from staff to take their medicines told us this aspect of their care was managed safely.

Although improvements had been made to recruitment procedures and medicines management, we identified some potential risks to people's safety at this inspection. One of the relatives we spoke with told us that care workers had not arrived for some of their family member's scheduled morning visits. The relative said this had happened, "Two or three times" during recent months. In addition, the relative told us that the registered manager had cancelled their family member's lunchtime visit with an hour's notice on one occasion. The person did not come to any harm as they lived with their family but the relative reported that they had to return home from work to provide the support their family member needed. The relative told us that no scheduled calls had been missed since they complained to the registered manager about this.

People told us that staff provided their care in a safe way and understood any risks involved in their care. Feedback from people who had returned questionnaires to the agency confirmed they felt safe when staff provided their care. Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Staff confirmed they had received training in moving and handling and were confident in the use of any equipment involved in people's care. The agency maintained an incident log to record any accidents or adverse events.

Staff received training in safeguarding and recognising the signs of abuse. The provider had obtained the

local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary. The registered manager had co-operated with the local authority in investigating potential safeguarding concerns when necessary.

There were enough staff employed to meet the agency's care commitments. Nine care workers were employed at the time of our inspection, which was sufficient to ensure all care visits were carried out as scheduled. People told us their care workers usually arrived on time and feedback from people who had returned questionnaires to the agency confirmed this.

The agency had a contingency plan to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The registered manager had identified which people would be most at risk if they failed to receive their visit and had prioritised the delivery of care to these people should an emergency occur.

People told us staff helped them keep their homes clean and hygienic. They said staff used personal protective equipment such as gloves and aprons, when providing personal care. The staff we spoke with understood the importance of maintaining good standards of hygiene and confirmed that they had attended infection control training with the agency. Staff told us that sufficient supplies of personal protective equipment were always available to them.

Is the service effective?

Our findings

At our last inspection we found that staff did not have sufficient opportunities to discuss their performance or their training and development needs with their managers.

At this inspection we found action had been taken to improve. All care workers had received one-to-one supervision from the care co-ordinator or the registered manager since our last inspection. The staff we spoke with told us the supervision process had been useful in understanding which aspects of their roles they performed well and where they would benefit from further training. One member of staff said of supervision, "It helps us to know what we are doing well and where we need to improve."

Staff had access to the training they needed to carry out their roles. All staff attended an induction when they joined the agency, which included shadowing colleagues. Staff told us they had received training in areas including moving and handling, safeguarding, infection control, food hygiene and the safe management of medicines. Staff also had access to any additional training they needed to meet the specific needs of the people they cared for. For example, staff said they had received training which enabled them to support people who had diabetes or were living with depression.

People's needs were assessed before they used the service to ensure the agency's staff could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. People and their relatives told us their views had been taken into account when their assessments were carried out.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. Staff understood the importance of seeking and obtaining people's consent before providing their care and had attended training in the MCA. People were asked to record their agreement to their care plan and confirm their consent to the care being provided. The registered manager advised that if a person lacked the capacity to make an informed decision about their care, they would seek the advice of the local authority in arranging a mental capacity assessment. The registered manager said that if a mental capacity assessment identified that if a person did lack capacity, the local authority would convene a meeting involving all relevant people, such as relatives and healthcare professionals, to ensure any decisions were made in the person's best interests.

People who received support with meal preparation were happy with this aspect of their care. They told us staff prepared meals they enjoyed and knew their preferences about the food they ate. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place which outlined the

support they required.

Staff understood people's healthcare needs and supported them to maintain good health. People told us staff had supported them to make and attend appointments related to their health. Staff told us they had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited.

Is the service caring?

Our findings

People told us that their care workers were kind and caring. One person said, "The carers are very good." Another person told us, "On the whole I am very pleased with them; they are all nice people." The person described their regular care worker as, "A lovely lady."

Relatives told us their family members had established good relationships with the staff who supported them. One relative said, "We had one who was very quiet and didn't seem too friendly but all the others we've got on with like a house on fire. [Family member] has a great relationship with them." The relative added, "It's a pleasure to see them."

People received their care from consistent staff who knew their needs well. People told us they saw the same care workers regularly, which was important to them. One person said, "I see the same carer every day Monday to Friday and a different one at weekends." Another person told us, "I see three or four carers; I know them all pretty well. I wouldn't want someone I didn't know turning up."

People told us they had established good relationships with their regular care workers and enjoyed their company. One person said, "They are a nice bunch; I look forward to their visits."

People told us their care workers were willing to do any other tasks they needed to be done. One person told us staff checked if there were any jobs that they needed doing but found difficult, such as emptying their rubbish into outdoor wheelie bins. The person said, "They always say to me, 'Is there anything else you want doing?'"

Records of quality checks carried out by the agency's care co-ordinator confirmed that staff were caring, polite and helpful. Comments made by people included, "[Care worker] does her very best" and, "[Care worker] always comes in with a smile." Adjectives used by people to describe their care workers included, "Polite", "Helpful" and "Attentive."

Staff supported people to be independent where this was important to them. Two people told us they preferred to manage their own care where they were able to do so. They said their mobility varied from day-to-day and that staff were flexible in the amount of support they provided depending on the support needed at each visit. People's care plans identified which aspects of their care they could manage by themselves or with support and staff confirmed they aimed to promote people's independence when they supported them. One member of staff told us, "We encourage them to do things for themselves where they can."

People told us their care workers treated them with respect. One person reported that their care workers were, "Absolutely" respectful. People said staff maintained their privacy and dignity when providing their care. A member of staff told us, "I always make sure people are covered when doing personal care." All the people who had returned satisfaction questionnaires to the agency confirmed that staff were polite, friendly and respected them as individuals. People who had returned questionnaires also confirmed that their care workers were honest and trustworthy.

People said they were as involved in planning their care as they wished to be. They said their care plans had been discussed with them and that their views were taken into account before care plans were finalised and agreed. One person told us, "They went through the care plan with me to check I was happy with it."

Is the service responsive?

Our findings

At our last inspection we found that people's care plans were not reviewed regularly enough to ensure they accurately reflected their needs. We also found that staff had no travelling time between their scheduled care visits, which meant people's care visits were often delayed.

At this inspection we found action had been taken to improve. People's care plans had been reviewed since our last inspection. These reviews had taken account of any changes in people's needs and their care plans had been updated as a result. The registered manager had amended the rota to ensure that staff had travel time between visits built in to their schedules. The staff we spoke with told us this enabled them to arrive at their visits on time.

Care plans provided guidance for staff about people's needs and the way they preferred their care to be provided. People told us their care workers understood their needs and followed their care plans correctly. They said their care workers knew their preferences about their care and support. One person said of their care workers, "They know how I like things done." Although the agency was not providing end-of-life care at the time of our inspection, people were encouraged to express their wishes about the care they would receive towards the end of their lives to ensure this information was recorded.

Staff told us they were given enough information about people's needs before they began to provide their care. They said care plans provided the details they needed about how people's care should be provided. Staff told us they had enough time at each visit to provide the care people needed. They said they had been told to report any changes in people's needs or found that they regularly needed more time than was allocated to provide a person's care.

People received a service that was responsive to their needs. People told us the agency tried to accommodate their wishes if they requested changes to their call times or short notice visits. One person said it was important to them to receive an early morning visit due to a healthcare condition. The person told us the agency had responded to this request, which had made a difference to their quality of life. The person said, "My carer comes at six [in the morning] now, which is great."

The provider had a written complaints procedure which explained how concerns and complaints would be dealt with. Details of this procedure were provided to people when they began to use the service. People told us they knew how to make a complaint and said they were confident any concerns raised would receive an appropriate response. One person told us they had made a complaint and were happy with the agency's response and the changes made as a result. The person said, "I would say they dealt with it OK. Things certainly improved after that." All the people who had returned satisfaction questionnaires to the agency confirmed the agency had responded appropriately if they had raised concerns about the service they received.

Is the service well-led?

Our findings

At the last inspection we found the service was not well-led. Spot checks had not been carried out on some staff, which meant the registered manager could not be sure they were providing consistently good care. Some people were dissatisfied with the agency's communication with them. They told us they could not always contact the office when they needed to.

Some staff reported that they had not received adequate support from the registered manager. Staff had not received regular supervision, which meant they did not have opportunities to discuss their professional development needs. The registered manager had not arranged any team meetings to ensure that important messages were communicated to staff and to give staff the chance to discuss any issues they felt were important.

The agency did not have an effective system of quality monitoring, which meant the registered manager could not be sure people's care was being provided safely and effectively. Audits were not carried out to check that important aspects of people's care, such as their medicines, were being delivered according to their needs. The agency did not contact people for feedback about the service they received.

At this inspection we found action had been taken to improve, although further improvement was needed in the agency's accessibility to people and communication with them. The appointment of a care co-ordinator to the agency's management team meant that people were more often able to contact the agency's office when they needed to. However, some people told us that they were not always able to obtain information when they needed it. They said their calls to the agency's office were not always answered and they had to leave messages, which were not always responded to.

We recommend that the provider establish systems of communication which ensure people who use the service always have access to the information they require.

The care co-ordinator had taken on responsibility for spot checks on care staff. Spot checks were being carried out regularly and used to check that staff were providing safe care in a way that reflected people's needs and preferences. The staff we spoke with confirmed that they had received supervision since our last inspection and that this had enabled them to discuss their performance and training needs.

The care co-ordinator had contacted people who used the agency to seek their views about the service they received. The people we spoke with confirmed that they had received telephone calls and/or visits from the care co-ordinator to check they were happy with the care they received. The records of these quality checks demonstrated that people were asked for feedback about the care workers who visited them and whether any changes were needed to the way in which their care was provided. One person told us, "[Care co-ordinator] is very good. She has 'phoned me up and visited me to check everything is OK and ask me what I would like to be done." In addition to quality checks made in person, people had been given satisfaction surveys which sought their feedback about all aspects of the service they received. There was evidence that changes had been made if people had requested them. For example, one person said they would prefer

their calls at a different time and this had been implemented.

The care co-ordinator had carried out audits of key aspects of the service, such as medicines administration records, daily care logs and staff training. This had improved the monitoring of the service and ensured that any shortfalls or concerns could be identified. Team meetings had been held since our last inspection, which had provided staff with opportunities to raise any concerns they had. We saw that action had been taken where staff had made suggestions for improvements. For example, staff had requested that their rotas were distributed to them earlier in the week to enable them to plan their time more effectively and this had been actioned.

The registered manager and care co-ordinator had worked in partnership with the local authority locality and quality assurance teams to improve the agency since our last inspection. Where necessary, care staff worked in conjunction with healthcare professionals, such as community nurses, to provide people's care.