

# Crewton Care Limited

# Crewton Care

## 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

Crewton Care is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 2 people using the service.

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

People were safely supported within the service. Systems and processes were in place to support people's safety. Recruitment procedures ensured that people were only supported by staff who were suitable to do so. There were sufficient staff to meet people's needs. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People's had their needs assessed and reviewed as required. People's health care needs were documented, and staff knew when to liaise with health care professionals as required. Staff had the experience, knowledge and training to meet people's needs.

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.

Feedback we received told us that people were supported with respect and dignity, they had their independence promoted, and were able to take part in meaningful activity.

Complaints procedures were in place and staff told people how to use them. The provider's systems and processes monitored the quality of the service being provided. People's views were sought through surveys, which were analysed and used to identify where improvements were needed.

The management team ensured that checks and audits were in place and used effectively to drive improvements. Staff were supported through ongoing monitoring and good communication in relation to people's personal care needs. Information was shared with staff to support in the delivery of good quality care.

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

### Why we inspected

This service was registered with us on 22 June 2020 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Crewton Care

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the location's office on 8 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We were not able to gain verbal feedback from people who used the service. We were able to see written feedback from people who used the service. We contacted external health and social care professionals involved in people's care and support for their feedback. We spoke with 4 staff members, the care manager and the registered manager.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported safely by staff. We received feedback from one external health and social care professional who had been involved in a person's support who said, "Staff (at Crewton Care) have been able to develop strong therapeutic relationships and follow robust care plans well to help [name] stay safe."
- Staff received training in safeguarding procedures and knew the signs of abuse, and when to report it. A staff member told us, "We are trained in whistle blowing procedures. The managers actually encourage us to speak up. If I was concerned about someone's safety, I would report to the managers, or to the council safeguarding team."

Assessing risk, safety monitoring and management

- Risks present in people's lives had been assessed and documented. This included risk assessments for falls, communication, skin care, food and drink, medication, and any healthcare conditions.
- Staff told us they felt safe working with people, and understood what risks were present. Staff members said they were not asked to carry out any tasks they were not trained for, and had the time needed to read care plans and risk assessments.

Staffing and recruitment

- Staff were recruited safely. This included ID checks, employment references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to keep people safe. One staff member said, "[Name] is supported 24hrs a day. The correct amount of staff are always present."

Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- Medicine administration records [MAR] we looked at were completed accurately, and were regularly checked to ensure any mistakes were found and acted upon.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training in infection control, and told us they had enough personal protective equipment [PPE] to work safely with people.

Learning lessons when things go wrong

- Processes were in place for reporting and following up accidents or incidents. This included informing external organisations, such as the CQC and the local authority. Staff told us important information was always shared with them, so that lessons could be learned.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a full assessment of their needs before any personal care commenced. The care manager told us they would meet with people and families when appropriate, to identify people's needs and make sure they could be met.
- Assessments of people's needs considered their protected characteristics as defined under the Equality Act, to ensure there was no discrimination.

Staff support: induction, training, skills and experience

- Staff were well trained and had completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had been trained in areas such as medication, food safety, moving and handling, safeguarding adults, and infection control, and felt confident in their roles. Staff confirmed they were not asked to undertake any tasks they had not been trained for.
- A training record was kept which evidenced when staff should refresh their knowledge in all areas. Staff we spoke with felt the training in place was sufficient for their roles.

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

- People received support with food and fluid intake and were encouraged to maintain a healthy diet. We saw that when required, food and fluid intake was monitored and recorded to ensure people stayed healthy.
- Detailed information around people's preferences with food and drink were contained within care plans. This included, when required, people's routines with eating and drinking, and specifically how staff should support people with their relationship with food.

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

- Information identifying health and social care professionals involved in people's care, and their contact details were contained within people's records. Staff alerted health and social care professionals where they had concerns about people's health and well-being.
- Staff we spoke with had a comprehensive understanding of the needs of people, any underlying health conditions and their role in providing support and care.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make informed decisions were considered. The service had worked alongside other professionals in ensuring that appropriate authorisations were applied for when depriving a person of their liberty.
- People were asked for their consent where they were able to make their own decisions, and staff had a good understanding of the principles of the MCA.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were supported by staff in a kind and compassionate way. Feedback we received about people's care from health and social care professionals was positive, and written feedback forms from a person who used the service was also positive.
- Care plans documented how people wanted to be supported, and staff we spoke with explained how they cared for people in a compassionate manner.

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

- Staff placed people at the centre of their service and involved people in decision making as much as was possible. One professional fed back, "[Name] has been able to begin to be empowered to live a life in the community and start to make choices in their life."
- Care plans documented the support needs people had, and the areas in their life they could be involved in making decisions and have control and independence. Staff we spoke with told us they encouraged people's independence as much as possible, and did not do things for people they could do for themselves.

Respecting and promoting people's privacy, dignity and independence

- Care records provided information for staff around promoting people's privacy and dignity. Staff told us they would always be conscious of closing doors and curtains when providing personal care to people, and in providing care in the way the person preferred.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and the principles of data protection.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised to them, and were encouraged to be independent, and take part in activities of interest to them. One health and social care professional fed back to us 'Staff at Crewton Care have offered support to engage in many activities and [name] has responded well. They have become animated and able to lead on some activities such as going out for a walk or dancing.'
- Staff were positive about supporting people to achieve their goals and aspirations. One staff member told us, "[Name] was always in residential care before. Now they have their own home with the right support and are managing very well. Consistent staff relationships help the rapport and trust."
- Care plans we looked at contained information about peoples' likes, dislikes, and preferences, and staff we spoke with had good knowledge about people they were supporting.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the accessible information standard but had not yet had to provide any information in other formats. They told us this would be possible at any time if anyone should require it.

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

- Systems and processes were in place to respond to people's concerns and complaints. At the time of inspection, there had not been any complaints made. The registered manager told us that should complaints be made, records would be kept, including any action taken in response.

### End of life care and support

- At the time of the inspection no one using the service was receiving end of life care. The registered manager was aware of the need to document people's end-of-life preferences if required and ensure that staff were trained in this area.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the management team promoted a positive culture that was inclusive and empowering, and achieved good outcomes for people. Feedback we received from health and social care professionals also confirmed this was the case.
- We saw that feedback had been sought from people via the use of questionnaires. Results that people gave about all aspects of their care and support was positive.
- Care plans documented people's personality, background, and lifestyle choices, and fully considered their equality characteristics.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour, and that if mistakes were made, they had a duty to be open and honest and take any necessary action.
- The registered manager understood information sharing requirements and knew that when concerns were identified, notifications should be sent to the CQC and the local authority as required by law.

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

- Staff told us they felt well supported in their roles. One staff member said, "I can turn to management for advice and get it at any time. There are no silly questions." Another staff member said, "I feel well supported. I love working here."
- The management team were knowledgeable about the skills of their staff team and the people they were supporting, and were clear about their own roles in managing the service in a way that met people's needs safely, consistently and effectively.

Continuous learning and improving care

- Systems and processes were in place to monitor the quality of the care provided. The management team had checks and audits in place to ensure any mistakes were found, and improvements could be made. For example, we saw that MAR sheets were audited and minor mistakes or omissions were spotted, and acted upon.
- Team meetings were held to ensure staff could be updated appropriately, express any concerns or need

for change, and improvements could be made. We saw that staff meetings included discussion on timekeeping, training needs, confidentiality, and use of the electronic care system.

- Staff told us they felt their voices were heard , and they could play a part in driving improvement within the service by their suggestions and ideas.

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.

- The registered manager and management team were open and receptive to feedback during our inspection.