Crystal Caring Limited

Crystal Caring

Inspection report

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Tel: 01793915261

Date of inspection visit:
28 March 2018

Date of publication:
01 May 2018

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 28 March 2018 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services. The registered manager is often out of the office supporting staff or providing care. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

Crystal caring is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection 18 people were currently receiving the regulated activity of personal care.

A registered manager was employed by the service and was present during our inspection. 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.

During our previous inspection in May 2017 we found the provider did not meet some of the legal requirements in respect the risk to people's health and welfare, medicines management, recruitment and the lack of obtaining consent. After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken some of the actions required to make the necessary improvements.

There were systems in place to promote the safe management of medicines. However, information on when people should have 'as required' (PRN) creams or medicines was not available to staff. There were some gaps in the recording on some of the medicine administration records we viewed. These gaps had not been identified during quality audits.

Risk assessments still required more detail for staff on how best to support the person to minimise the risk of harm.

The provider had systems in place to monitor the quality of service. Whilst the systems had identified some areas requiring improvement it was not robust enough to identify the concerns we found during the inspection. Staff and people's views on the service provided were sought and where necessary acted upon.

Care plans were generic and did not always detail people's individual preferences, likes and dislikes. There continued to be insufficient guidance for staff on how to support people in line with their specific care needs.

Safeguarding process were in place to support staff to understand how to keep people safe. People and relatives told us they received safe care and staff were able to demonstrate a good understanding of what

constituted abuse and how to report any concerns raised.

Appropriate recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service. Staff received appropriate training and support from management to ensure they had the right knowledge and skills to meet people's needs.

The service was working within the principles of the Mental Capacity Act 2005. Consent forms were now in place and people had signed to say they consented to care and support.

People and relatives spoke positively about the care and support provided by care staff. People and their relatives told us they received their care at the correct time. There were enough staff deployed to fully meet people's health and social care needs. The service, where possible, tried to ensure people received care and support from the same members of staff to provide consistency of care.

There were processes in place to make sure that complaints were dealt with effectively. Any concerns raised had been dealt with and responded to in a timely manner by the registered manager.

Staff and people using the service spoke positively about the management of the service. The service worked in conjunction with other health care professionals to ensure people received an appropriate service.

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.

Information on when people should have 'as and when' (PRN) creams or medicines was not available to staff. There were some gaps in recording on some of the medicine administration records we viewed. These gaps had not been identified during quality audits.

Risk assessments still required more detail for staff on how best to support the person to minimise the risk of harm.

Staff had received relevant training and understood their roles and responsibilities in relation to safeguarding people from abuse and harm.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were undertaken to ensure staff were of good character and suitable for their role.

Is the service effective?

Good

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health and well-being.

People's rights were protected because the service was working within the principles of the Mental Capacity Act 2005. People told us staff sought permission before undertaking any care or support.

Where required people were supported to eat and drink sufficient fluids.

Is the service caring?

Good

The service was caring.

People received effective care which enabled them to live in their own homes. People and their relatives praised the care staff and

spoke positively about the care they received.

People were able to express their views and be actively involved in the care and support.

The provider had systems in place to monitor how people were treated with kindness and compassion through observation of their working practices.

Is the service responsive?

Good

The service was responsive.

Care plans still did not detail people's preferences, likes and dislikes. There continued to be insufficient guidance for staff on how to support people in line with their specific care needs.

People were aware of their care plans and were involved in the reviewing of their care and support needs.

There were regular opportunities for people and relatives to raise issues, concerns and compliments.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had systems in place to monitor the quality of service. However, this system was not robust enough to identify the concerns found during the inspection. Staff and people's views on the service provided were sought and where necessary acted upon.

Staff and people using the service spoke positively about the management of the service.

The service worked in conjunction with other health care professionals to ensure people received an appropriate service.

Crystal Caring

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 is 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 28 March 2018 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services. The registered manager is often out of the office supporting staff or providing care. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

The inspection was carried out by one inspector and an Expert by Experience. Experts by Experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We also read the previous inspection reports.

During our inspection we went to the service's office. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We spoke on the telephone with five people who use the service and relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, training coordinator and four care staff. We requested feedback from one health and social care professional who worked alongside the service. They did not respond to our request.

Requires Improvement

Is the service safe?

Our findings

During our last inspection on 26 July 2016 we found that risks to people's health and safety during care or treatment was not adequately assessed. The recording for medicine administration was not managed appropriately to make sure people were safe. This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements. We found on this inspection the provider had not taken all the actions required to make the necessary improvements.

People continued to be satisfied with the support they received with the administering of their medicines. One relative told us "They keep a watch on her medication and they tell me when it's low and then I order the medication it's a really good system there's no waste like before."

There were systems in place for the safe administering of people's medicines as prescribed. Senior staff checked medicine records to ensure staff were administering them correctly and that records had been completed. However, two medicine administration records (MAR) we reviewed had gaps in the recording which had not been identified during management checks.This meant there was no investigation into whether the person had received their medicines or if they had been missed. It also meant that if medicines had been missed there had been no action taken to seek medical guidance from a GP or pharmacist to ensure this did not have an impact on the person.

Where people were prescribed creams or medicines 'as required' (PRN) information for staff on when to apply a cream or give a medicine was not always available. For example, on one person's daily records staff had recorded that the person had been given pain relief over several days. There was no 'as required' (PRN) protocol in place to guide staff on when this medicine should be administered and what should be the maximum daily dose. There was also no record of the medicine being administered on the person's MAR. Another person had been prescribed a topical cream to be applied 'as required'. Whilst there was a body map in place to show where the cream was to be applied, there was no guidance for staff to know when to apply the cream. This meant the service could not be sure people would be given their medicines when they needed them.

We recommend that the provider seek advice and guidance in respect of compliance with the National Institute for Health and Care Excellence (NICE) guidelines for the use of 'when required' (PRN) medicine.

Staff had received training in the safe management of medicines and were assessed during spot checks to ensure they were competent to carry out this task. Staff confirmed the training they received helped them to feel confident supporting people with their medicines.

Assessments were in place which identified risks regarding people's living environment and health and safety. However, there continued to be very limited information available regarding risks relating to people's

care and support needs such as safe moving and handling, emotional well-being, risk of pressure sores and malnutrition or dehydration. For example, in one person's care plan under the moving and handling section it recorded the person required supervision and assistance but gave no detailed guidance on what assistance was required. In another person's care plan, under the risk and care needs section, it recorded the person required assistance and support with companionship but gave no detail on how staff were to support this person with maintaining or developing relationships.
In discussion with staff they knew people well and were aware of the risks to people's safety and how to manage these. There had been no records of any accidents and/or incidents. People using the service felt they received safe care and support and had confidence in staff's abilities. Therefore, there was no impact with regards to people receiving a safe service.
We raised our concerns regarding the lack of detail in people's risk assessments with the registered manager who took action to ensure they were updated and meet people's need.
During our last inspection documentation to confirm safe recruitment practices that had been followed were not consistently available in staff files. This had been a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements. We found on this inspection the provider had taken the actions required to make the necessary improvements.

We saw safe recruitment and selection processes were in place. We looked at the files for four of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults at risk.

There were sufficient staff to meet people's needs. People and their relatives confirmed that staffing arrangements met their needs and they felt safe. They were generally happy with staff timekeeping and confirmed they always stayed for the allocated time. Comments included "Yes, they have been late due to the snow and any road works but never more than 10 minutes and they always call to let me know", "I'm really happy with the care my wife gets. They sit and talk to both of us and they always laugh and joke with us" and "They are always reliable and they have got my wife to have the confidence in them lifting her out of bed and out of her chair, since we have been using the service."

The registered manager explained that rotas were completed to make sure there were always sufficient staff members on duty and cover was sought when necessary. Staff rotas were organised to provide consistency of staff and, where possible, staff attended the same people on each visit. This supported people to build trusting relationships with staff who knew their needs. Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. Travel time was allocated to ensure staff had sufficient time in between visits to arrive at people's homes at the allotted time.

Staff had access to the appropriate personal protective equipment (PPE), such as disposable gloves and aprons, to reduce the risk of cross contamination and the spread of infection. There was a section in each person's care plan which guided staff on the actions they needed to take to reduce the risk of cross contamination and the spread of infection. Guidance included the wearing of PPE. Comments from people and relatives included "Yes, they wear aprons and gloves and they always wash their hands" and "Yes, they always wear gloves and aprons and they always protect her privacy and dignity they are very good with my wife."

Whilst there had not been any reportable accidents or incidents there were procedures in place for the recording and monitoring of these. The registered manager explained that any incidents reported would be reflected upon and following a review of people's needs care packages could be updated.

Good

Is the service effective?

Our findings

During our last inspection on 26 July 2016 we found that full consent was not obtained from people prior to them receiving care and treatment. This was a breach of Regulation 11, Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken the actions required to make the necessary improvements.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the improvements they had implemented. 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.

Staff we spoke with said they had undertaken training in the MCA and were able to explain how they implemented this in their day to day working practices. They told us how they supported people to make choices regarding their daily living, for example, what they wanted to wear and food and drink choices. Their comments included "I support them as much as I can to make daily choices such as what they would like to wear. I always gives choices and explain what I am about to do before doing anything" and "If people don't have mental capacity then they might have an advocate or family member to support them to make decisions. We support people with making daily decisions, like do they want to take their medicines, what do they want to eat. It is important to keep people's independence going."

People told us staff sought permission before undertaking any care and support. Their comments included "Yes, they always ask my wife for permission before they do anything for her, like showering or getting her dressed and ready for the day" and "Yes, they always ask permission before doing anything." Consent forms had now been completed and signed by people receiving care and support.

Since our last inspection the provider had employed a training coordinator who they told us now had an overview of all the training requirements for all staff, ensuring all training and records were now up to date. We spoke with the training coordinator who explained all staff attended a range of training to develop the skills and knowledge they needed to meet people's needs. Records showed staff attended training that was relevant to the people they supported and any additional training needed to meet people's needs was provided. Staff were also supported to access recognised national qualifications in health and social care to support their personal development. Staff said they felt training opportunities were greatly improved since our last inspection.

When staff first came to the agency they undertook a period of induction which included working alongside

other experienced staff. This enabled them to get to know people and the care and support they would be providing to people. The induction included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to.

Staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff felt supported by the registered manager and felt they could approach them outside of these formal meetings for guidance and advice.

The competency of staff was monitored through regular unannounced spot checks of their work which was undertaken by senior staff. Staff told us that senior staff turned up unannounced when they were visiting a person. Records showed the staff member's overall performance was checked and observed. Any outcomes from the visit were discussed with the individual staff member afterwards as part of their learning and development.

Staff spoke positively about the support they received. Comments included "The manager is 100 percent approachable. She is very supportive and will always find ways of helping with any issues raised" and "[manager] is so supportive with everything. She has been really good with supporting us with completing training."

Staff told us they monitored people's health and wellbeing and any changes or concerns were recorded and reported to the office staff, relatives and where appropriate healthcare professionals. Care records confirmed that staff responded promptly when they recognised changes in a person's health and well-being. For example, we saw one person's health needs had been monitored due to changes in their well-being. This had been reported to the family who then sought the appropriate medical attention. The service worked alongside other health and social care professionals to support people to receive effective care. This included GPs, district nurses and occupational health professionals.

Staff supported some people at mealtimes to have food and drink of their choice. Staff helped people by preparing meals, snacks and drinks. People's nutritional intake was monitored where required. Care staff completed daily notes which recorded what meals they had prepared. People's food and fluid intake was recorded for every call where food or drink was prepared. This helped staff monitor the person's intake and identify whether people needed increased support in this area. Staff told us if they had any concerns regarding people's food and fluid intake then they would raise this with the supervisors in the office and make a record in the daily notes.

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received. Relatives also gave positive feedback about the kindness of staff towards their family member. Their comments included "It's their attitude we have had other agencies, but these are great my wife is well looked after, and I think she's in safe hands along with me", "The staff very kind and the very considerate" and "It's the way staff talk to me, they have been a great comfort to me as I've been very ill. I have had emergency hospital admissions and they have waited for an ambulance to come to me and on one occasion they waited up to three hours for it to come and they do stay over their time."

One person told us they were very happy with the service they received. They told us "As I don't look after myself they make sure I eat and I always chat to them. They are very good, I tell them what I want and I also have meals on wheels twice a week and if I don't eat it straight away they will heat it up for me. My regular carer does my washing up and sometimes I've been ill and I've gone to hospital. She has cleaned it up, she doesn't have to do that but she does. I feel safe, I was very uncertain to start off with. I have a key box and that worried me people coming into my home but they do knock first and if I don't answer then they will let themselves in and call out to me and they do wait for me to answer and they are always on time which has been good for me."

A relative told us of a time they thought care staff had gone beyond their role. They told us "Just after Christmas [my relative] had trouble with her legs and they made sure the ambulance came and they waited with us and they didn't have to do that it was for a good hour."

People continued to be involved and consulted about the type of care they wished to receive and how they wished to receive it. People and their relatives confirmed there was a care plan in place, which was discussed with them and no care was given without consent. Their comments included "I have the care plan here on the side and yes I get involved with it, it makes sense for me to do that" and "Yes I've seen her care plan when she first started with the care. We always talk about what's important to my wife and her care."

People's privacy and dignity was respected. Staff understood the need to ask people's permission before carrying out any tasks and consult with them about their care needs. For example, explaining what needed to be done and checking the person was alright. They said they would make sure that curtains and doors were closed and the person was covered during personal care.

Staff were aware of the individual wishes of people, relating to how they expressed their culture, religion and gender. People's religious preferences were noted in their care plans. Staff were aware of treating people equally and fairly. Their comments included "I always check with people that they are happy with the way I am giving care. It's important to make sure I am meeting people's individual needs" and "Everyone is individual and this should be respected. It's important to involve them in everything you are doing. Equality is about treating people the same but different, respecting people's different beliefs and wishes."

We asked the registered manager how they ensured people were treated with kindness, respect and

compassion. They said they monitored staff practices through regular one to one meetings and unannounced spot checks. We saw records of observations undertaken of staff's working practices. This included how staff interacted with the people they were supporting. These records confirmed the staff observed displayed a caring approach towards people at all times. They behaved in a professional manner and it was clear that positive trusting relationships had formed between care staff and people.

Good

Is the service responsive?

Our findings

Although, care plans contained information on people's daily routine, which included the care and support they required during each visit and the timings of this. For example, if the person required personal care, medicines administration or a meal preparing during each visit. They were generic and did not reflect how staff should support people's individual needs and preferences. For example, there was no information about people's preferred drink and how they liked this or any preferences on how they wished their personal care to be delivered. In one person's care plan it recorded the person did not speak many words but the plan did not contain any guidance on how best to communicate with the person to understand their wishes. Where people have communication difficulties it is important that staff have guidance on how to provide the person's care and support.

Some information had been included in care plans on people's life history, such as past employment, hobbies and interests. Staff felt the care plans contained sufficient information for them to be able to support people appropriately. They told us the care plan was always explained to them before they started supporting people. One staff member told us "I can contact the office at any time if I am unsure about anything to do with someone's care."

We discussed the care plans with the registered manager who had it on their action plan to update the care plans to contain more detail for staff.
We recommend the Provider seeks advice and guidance on person centred care plans.

There were regular opportunities for people and their relatives to raise issues, concerns or compliments. People and their relatives were aware of the complaints system and said they were made aware of this when they started using the service. They knew how to make a complaint and who to speak with. They said they felt they would be listened to and that any actions needed to resolve the situation would be taken. They said they had a good working relationship with the registered manager and staff team. Comments included "If we had any concerns we would sit and talk to the carers, that's what we do now. It's good to chat to them it makes life much easier for both of us" and "No never made a complaint, never needed to. They are marvellous and if I did need to speak to someone it would be to the manager." There were processes in place to ensure that complaints were dealt with effectively. Any concerns raised had been dealt with and responded to in a timely manner by the registered manager.

People and their relatives were invited to share their views of the service. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year. The culture was that of an 'open door policy' where people and their relatives could discuss care and support needs and any concerns.

The service was not currently supporting anyone who was receiving end of life care. All staff had received training in this area and the registered manager explained that this would support them to work in partnership with other professionals should they need to provide this support.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to regularly assess and monitor the quality of service people received. Checks were completed on a regular basis by members of the office team. For example, checks reviewed people's care plans and risk assessments, how medicines were managed and daily records. A plan of actions to address the areas of improvement identified had been compiled. However, whilst the systems in place to assess and monitor the quality of the service had been effective at identifying shortfalls and areas of improvement in the service, these areas still required further development to ensure they met the needs of the service and the people using it. For example, as highlighted in our report, Information on when people should have 'as and when' (PRN) creams or medicines was not available to staff. There were some gaps in recording on some of the medicine administration records we viewed. These gaps had not been identified during quality audits. Risk assessments still required more detail for staff on how best to support the person to minimise the risk of harm. Care plans still did not detail people's preferences, likes and dislikes. There continued to be insufficient guidance for staff on how to support people in line with their specific care needs. We have discussed this with the registered manager who is currently working to make these improvements.

Staff members' training was monitored by the training coordinator to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

The provider's computerised visit planning system enabled them to monitor and check staff activity in relation to people receiving the care they required. Staff had access to an app on their phone. Once they had arrived at their visit they activated the app which then alerted the office of their attendance. They then activated the app on departing their visit. This enabled the registered manager to monitor the attendance of staff at calls to ensure they stayed for the allotted time. This would also alert them if a staff member had not arrived at a call and for them to be able to organise cover. Whilst the computerised system was accessible via staff's mobile phones the registered manager and staff were aware of the need to ensure personal information was not shared inappropriately and remained confidential. Staff had individual log-ins and password to the system which could not be accessed by people outside of the organisation.

Staff spoke positively about working for the service and said that things had improved since our last inspection. They said that especially training and communication had improved and they felt there was more structure to the service. Their comments included "They are the best company I have ever worked for. You have plenty of time to do your work and are never rushed", "There's been a 100 percent improvement since the last inspection. Communication with staff is better and there is always someone to speak with if you need help. It is so much more structured so we all know what we are doing. We are doing a lot better" and "I really enjoy working for this company. The support you get is fantastic. Things have improved. Training is so much better."

People knew the registered manager and spoke positively about the service and management. Their

comments included "This is a really good service and I get to talk to the manager and she has always asked if things are going ok and yes they are", "Before we started with care we spoke with the manager and she explained about the care" and "The manager's very good. She's so positive and caring and if I'm in hospital I email her, and she always responds to me she's great."

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager was knowledgeable of the requirements to notify CQC of any significant events.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.