

Crystal Caring Limited

Crystal Caring

Inspection report

Nexus Business Centre
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Tel: 01793915261

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Crystal Caring is a domiciliary care agency registered to provide personal care to people living in their own homes. The service operates in Swindon and surrounding areas. Crystal Caring provides personal care to younger adults and older people, including people living with dementia. On the day of the inspection 15 people were supported by the service with the regulated activity. The CQC only inspects services where people receive personal care which is help with tasks related to personal hygiene and eating. Where services offer personal care, we also consider any wider social care provided.

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

People told us they were safe when receiving support from Crystal Caring. People were supported by a skilled and safely recruited staff. Risks to people's well-being had been assessed and recorded. People received their medicines safely and as prescribed.

People received support with accessing health care services. People were encouraged to maintain good nutrition. 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.

People told us staff remained caring and people received compassionate support from committed staff. Staff referred to the organisation as 'second family'. Staff treated people with dignity and respect and people's confidentiality was maintained. People were involved in how they wanted their care to be delivered.

People's needs were outlined in their care plans and well known to staff. People knew how to make a complaint and the concerns received by the service were dealt with appropriately.

The service was led by the registered manager who was also the director. The team demonstrated an open and transparent approach. People had opportunities to share their views and these were acted on. Staff felt supported and valued. The provider worked to improve their systems to effectively monitor the quality of service and these systems needed embedding in practice. The team worked well with other partners and external social and health professionals.

For more details please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected:

This was a planned inspection based on the previous rating.

Rating at last inspection and update:

The last rating for this service was inadequate (report published 1 July 2019). We identified six breaches of regulations. These were in relation to safe care and treatment, safeguarding procedures, mental capacity act, good governance and the registered manager's responsibilities around duty of candour and submitting statutory notifications. We placed the provider in special measures and issued a positive condition which required the provider to submit to us monthly update of audits carried out and improvements made. The provider submitted their monthly evidence promptly and these demonstrated they worked towards achieving the compliance.

At this inspection we found significant improvements had been made. The provider improved their governance and safeguarding procedures. People's care records had been improved and additional training took place to ensure staff had a good working knowledge of the current good practice guidance around mental capacity act. The registered manager sought support to ensure they were fully aware of their regulatory responsibilities. The provider's quality assurance processes also improved. Given the provider's history of non-compliance we needed to ensure the improvements made are well embedded in practice to ensure these were fully effective.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Crystal Caring

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Crystal Caring is a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was a registered manager. 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'. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced and took place on 17 December 2019. We gave the provider two days' notice of the inspection visit because we needed to be sure the management team would be in the office.

What we did before the inspection:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at the provider's previous reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection:

We spoken with two people and two relatives to gather their feedback. We looked at records, which included

three people's care files and samples of medicines records. We checked recruitment, training and supervision records for two staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, one care co-ordinator, one office staff and one senior carer. We also contacted six external health professionals to gather their views about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated inadequate. At this inspection this key question has now improved to requires improvement. This is because of the provider's history on non-compliance in this area, we need to ensure that the improvements made are well embedded into the service and that they are sustainable.

Assessing risk, safety monitoring and management and using medicines safely

At our last inspection we found the provider did not always ensure safe management of medicines. We also found people's risk assessments lacked information and guidance how to manage the assessed risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People received medicines as prescribed. The provider introduced a new, electronic system for medicine management. The system enabled ongoing monitoring and flagged up any concerns allowing the management team to take immediate action where needed.
- Staff received medicines training and their competencies were assessed.
- People were confident they could rely on staff making sure they had their medicines as needed. One person said, "They help me with (applying) creams for my arthritis."
- Risks to people's individual conditions such as around their mobility or skin integrity were assessed and recorded. There was information in place available how to manage these risks.
- Staff were aware of risks to people and knew how to support them to manage those risks.
- The risks surrounding people's internal and external environment had been assessed. This included any equipment in use, people's files contained the list of all equipment in use and the service date due.

Staffing and recruitment

At our last inspection we found the provider did not always follow their own procedures in relation to safe recruitment practices. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk. The files of staff employed since the last inspection showed all necessary information was in place.
- Feedback from people showed they were supported by reliable and punctual staff. Comments included, "We know what time they are coming, they would ring if late" and "We have regular staff, you can tell what day it is by who comes in."
- Systems to allocate care calls ensured people experienced continuity of care and were visited by regular staff. Both people and staff complimented the benefits of having regular rotas and the positive impact it had

on them.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had failed to follow safeguarding process to safeguard people from future harm. This was a breach of regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- The registered manager reviewed their practices surrounding safeguarding. We saw evidence the new system had been put in place to ensure any safeguarding concerns had been referred appropriately were effective. There was a log available with safeguarding concerns reported to the relevant bodies since our last inspection. However, as no occurrences of a similar nature to the concerns identified at last inspection occurred we could not see the evidence of these being used.
- People and their relatives told us people were safe with staff. One person's family said, "I can without a doubt can have confident in this service, [person] is definitely safe with them".
- Staff knew how to identify and report safeguarding concerns. One member of staff said to us, "I'd notify a team leader or a manager."

Preventing and controlling infection

- Staff had training in infection control and had access to protective personal equipment (PPE) which was used effectively.
- People's care plans highlighted the importance of using PPE. People confirmed staff used it when needed. One person said, "The staff always wear gloves."

Learning lessons when things go wrong

- The registered manager ensured any accidents and incidents had been recorded and reviewed to ensure appropriate action was taken and to prevent reoccurrence. The registered manager acknowledged the result of the last inspection was a significant lesson learnt in its own merit. Both the management and staff said how they now appreciated having the improved system meant the service was considerably safer.

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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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. We checked whether the service was working within the principles of the MCA.

At our last inspection we found care records were not always completed in line with the principles of the act and staff did not always have a good knowledge of the principles of the act. This was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- People's care files contained clear information where people had appointed legal representatives to make lawful decisions for them. There was a new system that ensured it was made clear where people gave a verbal consent, but they asked for their relative to sign the form on their behalf. The registered manager knew the process to follow where people were deprived of their liberty as a result of their care.
- Further training had been organised for staff and they had a good knowledge of the principles of the MCA. One staff member said, "We support people to make own decisions." Another staff member said, "There's been a massive highlight on (the fact) everyone is to be deemed as having capacity, unless assessed otherwise."
- People and their relatives confirmed the support provided was in line with the act. Comments included, "Oh yes, staff respect [person's] decision" and "Oh yes, they always respect my wishes."

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

- The registered manager had a system that ensured assessments had been carried out prior to commencement of the service. There had been no new assessments since our last inspection. The registered manager confirmed they would use the new, electronic care planning system template to gather the relevant information, this included people's physical, emotional and health needs.
- The provider referred to best practice guidance when assessing people, this included information around data protection legislation and standards relating to people's communication needs.
- People's oral hygiene needs were assessed and care plans detailed the support they needed. This was in line with National Institute of Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff had ongoing training that was relevant to their roles and reflected the Care Certificate. The Care Certificate sets out standards care workers need to adhere to in their work.
- If required, staff had relevant, client specific training. For example, to be able to use a specific type of equipment. We saw records of staff being trained and signed as competent by a health professional for using a Percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of providing medicine or food when oral intake is no longer an option.
- Staff told us they felt supported and were able to approach the registered manager at any time for support.

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

- People's care plans reflected their preferred food and drinks as well as any food allergies.
- People told us staff mainly supported them with preparation of light meals or snacks. One person said, "They have been helping with meals, heat up a (ready) meal or prepare a sandwich."
- When people were at risk of dehydration appropriate guidance was in place for staff.

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

- People's care records reflected they had been supported to access health professionals if needed. This included GPs, a dietician and a nutritionist.
- The team worked well with a number of external professionals. We had a positive feedback from one of the professionals who said, "Registered Manager and her admin team will look into any questions we have and respond in a timely manner."

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 a caring team. Crystal Caring is a family run company and the registered manager, who was also the owner of the company told us, "I always wanted to create an 'extended family feel' with all my clients and staff." The feedback we received from staff confirmed this was successfully achieved. One staff member said, "We are like a little family, like a second family, we help each other out."
- The feedback from people also demonstrated the compassionate and kind nature of staff. Comments included, "They are brilliant. I was with another company before and this one is so much better", "I get impression that quality of care has always been the priority for them" and "They're very good. I would not change them for anybody else."
- Staff we spoke with were passionate about their roles and understood the importance of a caring and compassionate approach to people's emotional well-being. One staff member said, "We aim to lift people's spirits when we're with them, as we (could be) the only people they may see all day." There were examples of staff going beyond their duties to make people's day. For example, a staff member organised for a person to have a Sunday roast dinner, another member of staff took a person out for lunch.
- The team was committed to respecting people, this included people's cultural needs. The provider had policies to ensure equality and diversity was respected. An external professional said, "Feedback from customers evidenced that the team are very respectful and understand that we live in a diverse society."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected and feedback from people confirmed this. One person said, "Oh yes, they respect my dignity."
- Staff promoted people's independence and encouraged them to do as much as possible. One person said, "They ask me what help I need, quite happy with everything they do." Another person said, "I can't use my left arm, they help me with what I can't do."
- Staff respected people's confidentiality. People confirmed staff never discussed other people's issues with them and respected their sensitive information. Staff used an individual login when accessing electronic records. The office staff used a secure email system when sending people's confidential information. Data protection and confidentiality was discussed with staff as a part of their induction.

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

- People were involved in deciding how they wanted their support to be delivered. People expressed high levels of satisfaction in relation to the support they had. Comments included, "Whatever I ask them to, do they will do" and "I'm very happy with the company."

- Staff had a good knowledge of people's needs and their routines. People's care needs were regularly discussed to ensure the support was meeting their needs.
- People's relatives were involved in care planning process where appropriate.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to 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

- People received care that met their needs. Feedback from people and their relatives demonstrated a high level of satisfaction with the service. One person said, "Everything is going well as far as I am concerned." One relative said, "If it wasn't for the care [person] gets, she would not be able to live at home."
- Following our last inspection, the registered manager introduced an electronic system for care planning. People's needs were reflected in detail and the care plans gave clear guidance around the level of care people needed. The system allowed staff to access the information easily and the office team were able to monitor the records in real time.
- People said the service was flexible to their needs. One person said, "They normally work around any changes we need."
- Feedback received from an external professional was positive, "The care plans were person centred and recorded in the first person, staff encourage customers to do as much as they can for themselves and support when they need to."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and outlined in their care plans. This included people's sight, hearing and body language needs to enable effective communication. There was clear guidance for staff, for example, "Carers to face me when talking with me" or "I'd like staff to clean my glasses."
- Staff were aware of people's communication needs. One relative of the person who was no longer able to communicate verbally said, "[Person] can't talk so by having regular staff they were able to establish effective communication. They know [person] very well. [Person] used to talk to them before, when she was able." The relative highlighted the positive impact of having regular staff contributed to staff developing good rapport with the person.

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

- Staff supported people to maintain social aspects of their life. For example, one person's visit was rescheduled for a later time, so the person could go for their regular social outing and still get the care they needed.

- People's care records contained details of people's hobbies, interest and what was important to them including the goals they were hoping to achieve.

Improving care quality in response to complaints or concerns

- Information how to complain was available to people. No complaints have been received since our last inspection visit.
- People and their relatives knew how to make a complaint but told us they never needed to. Comments included, "I've never raised complaint, but I know to contact the office if needed" and "If I had to complaint about them I would not have them. I definitely would recommend this company."

End of life care and support

- People's end of life wishes where discussed were recorded and known to staff. No people were receiving end of life support at the time of our inspection. When supporting with end of life care the staff would work with other professionals, such as district nurses to ensure people had a pain free, dignified death.

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.

At the last inspection this key question was rated inadequate. At this inspection this key question has now improved to requires improvement. This is because we need to ensure that the improvements made are well embedded into the service and that they are sustainable.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care

At our last inspection we found the provider had not always ensured their own quality assurance processes remained effective. This was breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer at breach of the regulation 17. However, given the provider's history of previous non-compliance with this regulation we needed to ensure the improvements made can be sustained.

- The registered manager had improved their systems. Following our last inspection, they sought help from an external consultant and other partners to address the issues identified. The provider submitted to us monthly evidence of the progress made. They appreciated the importance of focusing on quality improvement and told us, "I haven't had any new clients since the last inspection as I wanted to focus on quality." This demonstrated the provider's commitment to addressing the concerns and improving the service.
- In addition to the new, electronic care planning system a number of new audits had been put in place. The provider now had effective audits of daily notes and medicines records. There was a tracker system for safeguarding concerns and accidents and matrixes for staff training and supervision. The records showed the checks were effective and corrective action was implemented as needed. For example, where the audit found a gap in medicines records this was explored, and a reason established. The provider planned to implement further audits, for example around the quality of information recorded in people's care records.
- The team were appreciative of the significant work that had been carried out and staff said new, improved systems gave them reassurance around the safety of the service. They also complimented how the team worked well together. Staff said, "A lot has changed in the last six months. Everyone was positive and supportive throughout. We have regular senior staff meetings to review the action plan and see what's been achieved" and "We all know what to do, we all have separate things we're responsible for and then bring it together as a team".

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

At our last inspection we found the provider was not always able to evidence they had met the requirements of the duty of candour. This was a breach of regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer at breach of the

regulation 20.

- The registered manager acknowledged they needed to keep the records when they followed the requirement of the duty of candour. There had been no further occurrences that required the provider to issue a written apology since our last inspection visit. The registered manager now had a system to track any incidents to ensure they would follow the correct guidance.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

At our last inspection we found the provider had not always sent to us requires statutory notifications. This was a breach of a breach of regulation 18 of the Care Quality Commission (registration) Regulations 2009. At this inspection we found the provider was no longer at breach of the regulation 18.

- Since our last inspection visit we received the relevant statutory notifications where required.
- The provider had a tracker system that reviewed where a safeguarding concern met the threshold for the notifications to be submitted. This ensured any concerns were appropriately reported.
- The registered manager also ensured the staff had been made aware of the systems and that maintaining the quality was the responsibility of all staff. A staff member said, "I know if I have any question I will be supported". Staff praised the support they had from the registered manager. One staff said, "Manager always has a faith and a confidence in her team".

Engaging and involving people using the service and the public, fully considering their equality characteristics

- There was evidence people had various opportunities to provide their views and feedback. We saw the results of the last survey and these were very positive.
- People were also able to feedback during the spot checks and reviews. We saw where an action was required following a review. An action plan was created to ensure the concern was addressed. For example, one person raised they wished to have an extra social visit and that was added. People told us they saw registered manager regularly and were able to give feedback.
- People were very positive about their experience with the company and how it was run. Comments from people included, "I've had this company for two years. Everything is brilliant" and "I met manager. I should think they (service) are well managed as I had no concerns. If anyone needed a care company I'd recommend them."
- The provider also completed a staff survey and encouraged staff to give their feedback and ideas. Comments received from staff showed staff felt valued and respected. Staff specifically highlighted how they appreciated the registered manager's support and encouragement to pursue further training and development.

Working in partnership with others

- Staff worked in partnership with various local health and social professionals. An external professional praised the progress made. They said, "I have seen a huge improvement in the organisation. Manager has been on a journey and I have seen her develop as a manager and leader. She has a greater understanding of her responsibility and accountability for the customers, staff and her business."
- The registered manager sought opportunities to develop their skills by working with other organisations. The registered manager attended a workshop around management and has registered with United Kingdom Homecare Association. UKHCA is the professional association for homecare providers. They also

gained knowledge by attending a Domiciliary Care Forum, Lead Provider Sub-Contractor Forums and Registered Manager Network Meetings, through networking and information CQC sends to providers. The registered manager also booked further training to continuously keep their knowledge updated.