

Crystal Caring Limited

Crystal Caring

Inspection report

Nexus Business Centre
6 Darby Close
Swindon
Wiltshire
SN2 2PN

Tel: 01793915261

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28 March 2019
03 April 2019

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Crystal Caring is a domiciliary care agency that was providing personal care to 13 people at the time of the inspection.

People's experience of using this service:

We identified six breaches of regulations. These were in relation to safe care and treatment, safeguarding procedures, mental capacity, good governance and the registered managers responsibilities.

At the last inspection on 28 March 2018, we found risk was not managed appropriately. At this inspection we found these concerns continued. People had assessments and plans regarding their care and support needs. However, the care plans lacked important information, were not always kept up to date when changes occurred and had limited guidance for staff in how to deliver individualised care.

Medicines management was not based on current best practice and medicines were not managed safely and in line with national guidance. The systems in place to safeguard people and monitor incidents were ineffective.

People were not always supported to have maximum choice and control in how they wanted their support to be delivered.

The overall governance of the service was not robust and had failed to ensure that people received a service that was safe and in line with best practice. It had failed to ensure that issues were not only dealt with but that subsequent improvements were sustained.

Staff received adequate training People were confident in the ability of staff to provide the support that they needed.

People gave positive feedback about the support they received. There was a small team of dedicated staff committed to providing a caring service to people.

More information is in the detailed findings below.

Rating at last inspection:

Requires improvement, report published 1 May 2018

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

You can see what action we told the provider to take at the back of the full version of the report. Please note

that the summary section will be used to populate the CQC website.

Follow up:

We will continue to monitor the service closely and discuss ongoing concerns with the local authority.

The overall rating for this registered provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. We will have contact with the provider following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Details are in our Safe findings below

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our Well-led findings below.

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:

The inspection team consisted of one inspector.

Service and service type:

Crystal Caring is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults. Not everyone using Crystal Caring receives a regulated activity. Care Quality Commission (CQC) only inspects the service being received by people receiving 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we consider any wider social care provided.

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'. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office location on 28 March and 3 April 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about

important events the service is required to send us by law.

We contacted five people and two relatives to gather their views about the support received. During the office site visit we looked at records, which included nine people's care and medicines records. We checked recruitment, training and supervision records for five staff. We also looked at a range of records about how the service was managed. We also spoke with the registered manager, an administrator and four care staff.

After our site visit we contacted commissioners to obtain 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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management

- At the last inspection on 28 March 2018, we found risk was not managed appropriately. We found these concerns continued.
- There was a lack of thorough assessment and guidance for staff on reducing the risks associated with people's on-going health needs, pressure care and falls prevention. For example, one person was at high risk of developing pressure damage. However, this person did not have an up to date risk assessment in place to guide staff in supporting this person appropriately. This meant that the service had not taken reasonable action to mitigate the risks associated with people's care.

Using medicines safely

- At the last inspection on 28 March 2018, the recording for medicine administration was not managed appropriately to make sure people were safe. At this inspection we found continued concerns around the provider's practice in relation to medicines management
- The medicines management was not based on current best practice. For example; where there were handwritten entries on Medicine Administration Records (MAR), these were not signed by the staff member completing the MAR or countersigned by a second signatory as per national guidance. Without the MAR being countersigned the registered provider could not be certain that the information recorded on it was accurate.
- The Registered Manager did not take appropriate steps to ensure staff were administering medicines safely, and in line with The National Institute for Health and Care Excellence (NICE) guidance on Managing medicines for adults receiving social care in the community, in that staff competencies, in relation to the administration of medicines were not being assessed.

This demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents. However, these systems were not effective. For example, we saw one example of where a person had been injured during a care visit, another person had experienced three falls within a week. Staff had not followed the correct procedures for reporting accident and incidents in that they did not complete the necessary documents and submit them to the registered manager. Although the registered manager was aware of this shortfall in practice, they had not taken the necessary action to either rectify this or address it with staff.
- Following incidents within the service the registered manager failed to recognise any key learning to prevent future reoccurrences. For example one person who was at risk of falls had fallen on three occasions, this was noted by staff in the persons care records. However, the registered manager had failed to recognise

this or take appropriate action to record the incident and prevent future occurrences. Therefore, the system in place was not effective as it did not enable the provider to act to minimise risks to people using the service.

Staffing and recruitment

- People were not always protected against the employment of unsuitable staff as the provider did not always follow their own procedures in relation to safe recruitment practices. For example the Registered Manager had allowed people to start employment with previous checks that were carried out by other organisations where they had been employed, without carrying out an appropriate risk assessment as per the providers policies and procedures.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was enough staff to support people's needs.
- People were supported by consistent, reliable, punctual staff and praised the continuity of care received. One person said, "The continuity of staff is great and they are never late".

Systems and processes to safeguard people from the risk of abuse:

- People were not always protected from abuse and improper treatment. Systems designed to safeguard service users were not always effective. The provider had a policy in place to ensure that where they believed a staff member was guilty of misconduct in relation to abuse, then a referral should be made to the appropriate body. However, we saw how the registered manager had failed to follow this process and safeguard people from future harm.

This demonstrates a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were safe. One person said, "I always feel safe when they are about"
- People were cared for by staff that knew how to raise and report safeguarding concerns.

Preventing and controlling infection:

- People told us staff washed their hands and used disposable gloves and aprons where required.
- Staff were trained in infection control and had access to protective personal equipment such as gloves.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance:

- We found care records were not always completed in line with the principles of the act and people's rights were not always protected. Two people's care plans stated that family members made decisions on behalf of people. However, the relatives had no legal authority to make decisions on these people's behalf.
- People were not always supported by staff that knew the principles of The Mental Capacity Act 2005. For example, one staff member described the principles as "A mentalistic problem". Another staff member said, "Its extra help for people to make decisions". One person's care plan had stated '[Relative] is giving consent, as a representative for a best interest decision' although the person had full capacity. This demonstrates a lack of understanding in relation to consent and is not in line with MCA codes of practice.

This demonstrates a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support:

- People told us how they were supported to live healthier lives, and staff supported them to access health care professionals such as their GPs, district nurses and occupational therapists.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to them using the service to ensure needs could be met.
- The assessment included people's preferences and details about their health and their level of

independence in relation to their activities of daily living.

- Assessments took into account current guidance and gave people and their relatives the opportunity to have input into individual care plans. People's communication needs were identified in line with Accessible Information Standards.

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

- People were supported with eating and drinking. Care plans gave detailed guidance on people's needs, including their preferences and special dietary needs.
- People were supported by staff to choose what meals and drinks they would like. One person told us, "They make me a sandwich whenever I want one".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies to provide effective care to people. One carer described how they regularly spoke with a healthcare professional to share information to ensure they provided the level of support for a person.

Staff support: induction, training, skills and experience:

- People were supported by trained staff. All staff completed an induction programme when they first started work. Staff told us that they had the necessary training to support people effectively. One member of staff told us, "The training is really good".
- Staff told us that they felt well supported. They also told us, and records confirmed, that they received regular supervision and appraisals where they could discuss their concerns and development.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Respecting and promoting people's privacy, dignity and independence:

- People gave positive feedback about the support they received. There was a small team of dedicated staff committed to providing a caring service to people.
- All people and relatives we spoke with told us staff respected people's privacy and dignity. One person told us, "They are 100% spot on when it comes to dignity and respect". People's care plans highlighted the importance of respecting privacy and dignity.
- The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone in the same way. Staff told us how they supported people's diverse needs. One member of staff said, "Everyone is different and that's what makes us all individual".

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

- People's individual communication needs were assessed and considered. This ensured people had access to information in a form that met their assessed needs.
- The staff discussed with people and helped people explore their needs and preferences in relation to the support people needed.
- All people told us they were involved in decisions about their care and support. One person said, "We talk about things all the time".

Treating people with kindness, compassion and respect, ensuring people are well treated and supported; equality and diversity:

- All people and relatives we spoke with were satisfied with the service received and told us they were able to form meaningful caring relationships with staff. One person told us, "There is no nonsense, they are a good kind caring bunch". A relative told us "I have no concerns with the level of care, at all".
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in their dealings with people.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Records of referrals and any guidance given by healthcare professionals were not held in people's care plans. We were informed by the registered manager that neither records of referrals or guidance for staff were kept on record.
- Although people and relatives told us they were involved in their care and support, due to the shortfalls in accurate record keeping, we could not be satisfied that people's care reviews were regular and person centred and contributed to their own care plans.
- Care plans did not always detail people's support needs in how the service supported people to follow their interests and avoid social isolation.
- Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. People told us any concerns were dealt with immediately. One person, "I have never had to complain, but if I had to I would be confident that it would be listened to and it would be dealt with".

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. However, people's care records contained advanced wishes. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

Is the service well-led?

Our findings

Well-Led – 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.

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager had failed to meet these specific requirements. For example, we reviewed an incident that involved a person being injured during personal care. Although the registered manager gave assurances that they had met with the person and their family, they could not provide evidence of reasonable support being provided to the person or their family and they had failed to provide a written apology to the person. This meant that the registered manager had not met the requirements of the duty of candour.

This demonstrates a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was not clear about their responsibilities in line with regulatory requirements such as reporting to CQC or concluding disciplinary matters if a staff member had resigned.
- The registered provider must submit to us notifications of key events in the service such as deaths, safeguarding incidents or serious injury. We found that the registered manager had failed to notify the CQC of situations involving serious injury and allegations of financial abuse. This meant that the CQC was not able to monitor these events that affected the health, safety and welfare of people using the service. Following the inspection, the registered manager submitted the outstanding notifications.

This demonstrates a breach of a breach of Regulation 18 of the Care Quality Commission (registration) Regulations 2009.

- At the last two inspections in May 2017 and March 2018, the provider failed to assess, monitor and improve the quality of the service and to maintain appropriate and contemporaneous records. At this inspection we found there had not been sufficient improvements in quality monitoring or records management.
- At the last two inspections in May 2017 and March 2018, this key question was rated 'requires improvement'. We asked the provider to complete an action plan to show what they would do and by when to meet the regulatory requirement to ensure that people received safe care and treatment. At this inspection, we found the service had still not taken sufficient actions to meet the regulations.

Continuous learning and improving care.

- There was an absence of effective systems to enable the provider to have an oversight of the quality of the service. The registered manager has not identified the issues found during the inspection. For example, the concerns relating to; medication practices, risk assessment, care records, accidents and incidents, MCA, the non-reporting of statutory notifications, safeguarding procedures and the duty of candour.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others:

- The registered manager told us how the service worked in partnership with other agencies. However, the registered manager was unable to provide evidence of this. They told us "I don't really record it but? I will now".

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

- The provider involved people in various ways. People had opportunities to complete surveys or raise any comments via an open-door policy at any time.
- The staff told us they felt listened to, valued and praised the team work.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>We found that the registered manager had failed to notify the CQC of situations involving serious injury and allegations of financial abuse in a timely manner.</p>

The enforcement action we took:

FPN

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care records were not always completed in line with the principles of the MCA and people's rights were not always protected. Two people's care plans stated that family members made decisions on behalf of people. However, the relatives had no legal authority to make decisions on these people's behalf. People were not always supported by staff that knew the principles of The Mental Capacity Act 2005.</p>

The enforcement action we took:

Positive Conditions

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a lack of thorough assessment and guidance for staff on reducing the risks associated with people's on-going health needs, pressure care and falls prevention. The medicines management was not based on current best practice. Medicines were not managed safely and in line with The National Institute for Health and Care Excellence (NICE)</p>

guidance Managing medicines for adults receiving social care in the community.

The enforcement action we took:

Positive Conditions

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered manager had failed to follow policies and procedures to safeguard people from future harm.</p>

The enforcement action we took:

Positive Conditions

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were not always protected against the employment of unsuitable staff as the provider did not always follow their own procedures in relation to safe recruitment practices. Records of referrals and any guidance given by healthcare professionals were not held in people's care plans.</p> <p>There was an absence of effective systems to enable the provider to have an oversight of the quality of the service. The issues relating to the safety and wellbeing of people using the service, found during the inspection had not been identified.</p>

The enforcement action we took:

Positive Conditions

Regulated activity	Regulation
Personal care	<p>Regulation 20 HSCA RA Regulations 2014 Duty of candour</p> <p>The registered manager had not acted in a transparent manner.</p>

The enforcement action we took:

Positive Conditions