

Crystal Care Service (Leicester) Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Crystal Care Services (Leicester) is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection seven people were receiving personal care.

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

People were cared for safely. Risk assessments were in place and reviewed regularly and as people's needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were enough staff to meet people's care needs and people received care at the agreed times. People were supported with their medicines and good infection control practices were in place.

People's care records contained clear information covering all aspects of their care and support needs. Staff had a good understanding of people's wishes and individual preferences. People's personal preferences, likes and dislikes, communication needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to use health care services when needed.

People received support from reliable, compassionate staff. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and had good relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

The registered manager was also the provider and they monitored the quality of the service provided. They were aware of their legal responsibilities and worked in an open and transparent way. People and their relatives knew how to make a complaint.

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.

Rating at last inspection

The last rating for this service was good (published 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Crystal Care Service (Leicester)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 6 January 2020 and ended on 7 January 2020. We visited the office location on 6 January 2020 and made telephone calls to people, relatives and staff on 7 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England.

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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care co-ordinator, and two care staff.

We reviewed a range of records. This included four people's care and medicine records. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training records, policies and procedures and accident and incident information.

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 as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People told us they felt safe with the staff who came to support them. One relative said, "They are amazing, they have made life easier for me too. I go out to the shops and know that (relative) is safe. They are like extended family."
- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Care files had risk support plans which covered a range of known risks such as use of equipment, falls, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care which reduced known risks.
- We saw risk support plans were reviewed at least monthly or as needs changed. This meant staff had up to date information about people's risks and how to mitigate them.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain independence as far as possible.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- All relatives and people told us staff were reliable and arrived on time. If there was an unavoidable delay, for example due to traffic, there was good communication from the care team so people knew what was going on.

Using medicines safely

- Where people needed support with their medicines this was provided by trained staff. Medicine administration records (MAR) were completed fully and accurately. This meant people were supported to receive their medicines on time and as prescribed.
- Guidance was in place for staff to follow when people had medicines to be taken 'as and when required.' The guidance included details about the medicine including the maximum dose in one day, instructions for

administration and a description of the circumstances when the medicine should be given. This ensured these medicines were administered appropriately.

- Regular audits of medicine administration records (MAR) took place which meant any arising issues were identified and addressed.

Preventing and controlling infection

- People and staff told us they used personal protective equipment (PPE) when providing personal care to people, which included gloves and aprons.
- Staff were trained in infection control. People and staff confirmed PPE supplies were kept in people's homes.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. There had been no accidents or incidents in the last twelve months.
- Staff meeting notes showed arising issues were discussed at staff meetings. This meant ongoing improvements could be made to the service people received.

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 as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us their needs were assessed before any care was agreed and delivered, which included a meeting with the registered manager. This ensured there were sufficiently trained staff to provide the care and support required.
- Care plans were clear and key aspects of a person's needs were fully considered. For example, medical and health needs, personal care, nutrition, communication, social needs and future plans. Many of the individual characteristics under the Equality Act 2010 were considered. Care plans would benefit from some further detail on people's cultural, religious or spiritual needs. The registered manager confirmed this would be added to care plans immediately.
- People had detailed plans on their care file setting out the routine and tasks for each visit. This provided staff with guidance and meant people received consistent care in the way they preferred. For example, the plan for someone who used equipment to help them stand up stated, "Staff to explain to [person's name] they should only stand once they feel ready and comfortable enough to do so."

Staff support: induction, training, skills and experience

- Staff received an induction which included time spent shadowing an experienced staff member and competency checks by the registered manager. Mandatory training covered a range of areas and included safeguarding, medicines, moving and handling and infection control.
- Ongoing training was provided to refresh staff knowledge and learn new skills when required. For example, staff had received training in catheter care to meet specific people's needs.
- Staff meetings took place regularly and minutes were circulated to staff who were unable to attend. Although formal staff supervision sessions did not take place consistently there was a clear format in place when they did occur. Staff told us they could approach the registered manager freely to discuss anything they wanted to. The registered manager confirmed a formal supervision system would be implemented.

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

- Detailed information was included in people's care plans as to people's preferences, dietary and support needs in relation to eating and drinking. Monitoring of food and fluid intake was carried out when required to ensure people had enough to eat and drink.
- People told us they were supported by staff to ensure they had a suitable diet. One relative said, "They ask what (relative) would like for breakfast. At the weekend we work together on dinner, they always bring out a selection and ask what (relative) would like. They are trying to get my (relative) to drink some more water".

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

- People had a comprehensive emergency grab sheet on their file and in their home. The grab sheet included information about people's personal details, medicines, allergies, any risks such as the risk of choking, moving and handling needs, likes (for example quiet environment) and dislikes (such as bright lights). This meant in the case of a medical emergency key information was shared with health services so people received co-ordinated and person-centred care.
- Staff had good knowledge and understanding about people's healthcare requirements. Staff liaised with other health professionals as needed such as the district nurse or GP, and often liaised with close relatives who followed up as necessary.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Everyone receiving support had capacity to make day to day decisions about their care and preferences.
- Staff demonstrated they understood the principles of the MCA, supporting people to make choices. One member of staff said, "Everyone has the right to make their own decisions."
- People and relatives confirmed staff always asked for consent before providing care to people. One person said, "They [carers] always ask for consent and I sometimes say, 'You don't need to ask to do that!' but they always do."
- People, or their representatives where appropriate, had signed and consented to the care being provided.
- People were supported in the least restrictive way possible.

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 has 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 continued to be well cared for and treated with respect and kindness.
- One relative said, "I am over the moon with them. Their care is good, they have this knack of knowing what my (relative) needs, they interact with her well, have a genuine rapport. They never forget she is a person, they always have time for her and are caring and kind. They never forget she is there, they never talk over her." Another relative told us, "If I didn't have Crystal Care my (relative) would be in a home. They are fantastic, nothing is ever too much trouble. If I'm stuck they will help me, they put themselves out to help us."

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

- Care plans clearly set out how people preferred to receive their care and their regular routines. People and staff told us staff read peoples' care plans, so they were aware of people's needs and able to assist them in the way they wanted.
- Care plans were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes.
- People made decisions about their day to day care which staff respected. One person said, "They're exceptional. They keep me well, I can't fault them. They do everything I need. If I want something, I just ask them. They always ask how I am."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One member of staff said, "We always make sure we cover people up, for example with a towel when we are washing them, to protect their privacy."
- People's independence was promoted. Staff followed people's requests and preferences, including when they did not want to do something. One relative told us, "If they are washing (relative) they always ask if she is comfortable, they talk to her constantly. And if (relative) has said no, they have respected that, they come and tell me."
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for staff to follow.

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 as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's personal history, family members, interests, choices and preferences were documented in their care plans. Care plans included details of what tasks should be delivered during each visit. This meant information was available so people received personalised and consistent care.
- Staff had built positive, professional relationships with people. Staff had a good understanding of people's needs and their individual preferences. Staff told us communication and handovers within the team were effective. One staff member said, "Our team work is good. Team work is the only way to get our job done well. We keep in touch, the staff have an electronic group so we stay up to date with what is going on, even when we are not working."
- The registered manager promoted a person centred and caring approach in the service. For example, the staff meeting minutes from November 2019 stated, "During the festive period some clients may be sensitive as they may be missing a loved one or they may be spending the festive period alone. Please make sure to engage in meaningful conversations with clients that are feeling low during this festive period, let them feel they are valued and appreciated."

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.

- Care plans contained a detailed communication assessment. This meant staff knew how people preferred to communicate and any support needs they had, for example, hearing aids.
- Information could be made available to people in other formats, such as easy read or large format, as required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place so complaints could be addressed in accordance with the provider's policy. People told us they knew how to make a complaint.
- Everyone told us they were confident any issues raised would be dealt with appropriately by the registered manager. One person said, "I have absolutely nothing to complain about at all. I wouldn't change them for anything."

- No complaints had ever been received.

End of life care and support

- At the time of inspection there was no-one receiving end of life care. Care plans did not show people's end of life wishes had been explored. The registered manager confirmed they would add this to the care planning process so people and their families could be supported to discuss any end of life care preferences if they wanted to.
- The registered manager confirmed they would arrange end of life training for staff if this became necessary at any point. Some staff including the registered manager already had training in this area of care.

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 as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was also the provider and was committed to delivering good quality care to people in their homes. Everyone spoke positively about the approachability, availability and caring personality of the registered manager. One person said, "(The registered manager) is very good to me, she comes to see me. I feel better when she has been here."
- Staff told us they were happy working at the service and felt supported by the registered manager. One staff member said, "We are a close knit team. (The registered manager) is approachable and fair. She makes sure we go over and beyond."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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

- The registered manager was aware of their responsibility to keep people/their relatives informed of actions taken following incidents in line with the duty of candour.
- Relatives felt involved in the care planning and review process of their loved ones and there was open communication between families and the registered manager.

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

- The registered manager and staff were clear about their roles and responsibilities to the people they supported.
- There were effective systems to monitor the quality and standard of the service. The provider had regular audits in place relating to the running of the service. Follow up actions were recorded when any issues were identified. The registered manager was also involved in delivering personal care and worked side by side with staff so had comprehensive oversight of the day to day running of the service.
- A comprehensive set of policies were in place. As there were a high number of policies, it would be helpful for there to be a selection of 'key policies' identified so staff could refer to these easily when needed.

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

characteristics

- Feedback was sought from people and their relatives both informally and also through review questionnaires. One person said, "She (the registered manager) has asked me a few times what I think of the care. We get on well so we speak all the time."
- We saw very positive feedback from recent questionnaires which included, "Excellent, everything is perfect", "Nothing is too much trouble, they are very helpful", "Very professional, the carers are kind and always on time" and, "Delighted, (the carers) always have a smile."

Continuous learning and improving care

- The registered manager was supportive of the inspection process and keen to take on board any suggestions and feedback offered. They were keen to drive further improvements of the service in order to achieve consistently good outcomes for people.

Working in partnership with others

- The registered manager and staff team worked well with health and social care professionals and responded promptly to people's changing needs. This included accessing specialist training to ensure that people's complex healthcare needs could be met, working with the local authority when any issues were identified and communicating with health professionals who were involved with people receiving care from the service.