

Crystal Caring Limited

Crystal Caring

Inspection report

Nexus Business Centre
6 Darby Close
Swindon
Wiltshire
SN2 2PN

Tel: 01793915261

Date of inspection visit:
12 May 2017

Date of publication:
19 June 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection of Crystal Caring on 12 and 15 May 2017. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure a manager would be available to support our inspection, or someone who could act on their behalf. This was the first inspection since the location had been registered as a domiciliary care provider in April 2016.

Crystal Caring provides a range of services to people living in their own homes, including personal care, within Swindon and the surrounding areas. At the time of inspection there were 13 people using the service; all of whom were receiving care under the regulated activity of personal care.

A registered manager was in place but was not available at the time of the 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. The director and nominated individual of the company were s available during the inspection in the absence of the registered manager.

People who used the service told us they felt safe. However, some staff had not completed training in safeguarding prior to supporting people and were not able to tell us the definition of safeguarding or all of the different types of abuse. Despite this, all staff we spoke with knew how to respond to any allegation of abuse for example, how and who they should report concerns to.

Documentation to confirm safe recruitment practices had been followed was not consistently available in staff files.

People said they were satisfied with the support they received with regards to their medicines however; medicines were not always managed safely. The Medicines Administration Records (MAR) did not always provide sufficient information to enable the safe administration of medicines and documentation of medicines administered was not consistently completed. This meant people were at risk of not receiving their medicine as prescribed and according to the labelling. The registered manager told us during the inspection they had recently identified some of the issues in the way medicines were being managed and they were in the process of addressing and rectifying this.

There were sufficient staff employed to provide consistent and safe care to people. People said they had regular staff who knew them well and there were suitable arrangements in place to cover any staff sickness.

Staff completed competency assessments as part of their induction followed by supervisions and training. However, some staff had not received training in some aspects of care such as safeguarding and the mental capacity act. The monitoring of when staff training and supervisions were due was also not robust which

meant some staff had training that had either not been completed or was overdue. Despite this, staff were knowledgeable about people's needs and said they received the necessary training to equip them with the skills they needed to provide the care people required.

Staff were able to explain they understood the importance of ensuring people agreed to the support they provided. However, consent forms had not been completed by people receiving care. The company director told us they had recently noted this when they reviewed people's care plans and told us they had scheduled time to go through this with each person during the week following the inspection in order to rectify this.

Staff helped to ensure people who used the service had sufficient food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff.

People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP details in case they needed to contact them.

People and their relatives spoke highly of the staff and said they always treated them with consideration and respect. Staff spoke fondly about the people they supported and gave good examples of how they developed positive relationships with people using the service.

Staff were knowledgeable about people's personal care needs. However, risk assessments were vague and did not identify all risks or actions necessary to take to mitigate or respond to these risks for example, with regards to people's well-being, physical health and medicines.

A complaints procedure was available and provided to people when they joined the service. However, one person told us they did not know how to raise a complaint if they needed to. At the time of the inspection, no complaints had been recorded and it was confirmed by the company director that none had been reported.

Whilst one person we spoke with told us they did not know how to make a complaint, people were given the opportunity to give their views about the service. The company director told us they regularly sought feedback from people when they visited them. A satisfaction survey had also been sent in 2016 within the first year of the service being registered to obtain people's views and to continually improve the service.

A robust system to monitor the quality of the service was not in place. Whilst regular visits and spot checks had been carried out by the registered manager to monitor the care practice carried out by staff, there was no plan in place to ensure these were completed for all staff. In addition, a recent medicines audit had not identified issues with completion of documentation following administration of medicines.

Staff were passionate about providing good quality care and said they felt supported by the management team. There was an open door culture and staff said the management team were very approachable.

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

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.

Not all staff received training in safeguarding. However, people told us that they felt safe.

Medicines administered by staff were not always accurately recorded and records for the safe administration of medicines did not always provide the guidance required to ensure medicines were administered as prescribed.

Documentation to confirm safe recruitment procedures had been followed was not consistently available in staff files.

□

Is the service effective?

Requires Improvement ●

The service was not always effective.

Most staff had not completed training in the mental capacity act and were unable to confirm what this meant.

Consent forms had not been discussed or completed with people prior to the service carrying out personal care.

Documentation was not available to confirm staff had completed all processes and training during their induction.□

Is the service caring?

Good ●

The service was caring.

People told us staff treated them with consideration and respect.

People were offered support in a way that upheld their dignity and promoted their independence.

Staff were kind and caring and developed positive relationships with people using the service.□

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not detail people's preferences, likes and dislikes.

There was insufficient guidance for staff on how to support people in line with their specific care needs in response to identified risks.

Staff were knowledgeable about the personal care needs of the people they supported. □

Is the service well-led?

The service was not always well-led.

Systems to monitor the quality of the service were not robust and did not always identify shortfalls.

Staff were passionate about providing good quality care and said they felt supported by the management team.

The service sought regular feedback from people on their experiences of the service and valued their opinions. □

Requires Improvement ●

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.

This inspection took place on 12 and 15 May 2017. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The inspection was conducted by one inspector. Before the inspection, the 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 reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with three people who used the service and one relative. We spoke with the Company director and three care workers and received feedback from one community healthcare professional to gather their views about the service provided.

We also reviewed a range of records which included people's care plans and risk assessments, staff training records, staff duty visit schedules, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Is the service safe?

Our findings

People who used the service told us they felt safe. However, some staff had not completed training in safeguarding prior to supporting people and were not able to tell us the definition of the term 'safeguarding'. For example, when we asked one staff member what was meant by safeguarding they told us "I am not 100% sure" and when we asked them if they had received training in safeguarding they stated "I can't remember". Despite this, all staff we spoke with told us how they would recognise some of the different types of abuse and how to respond to any allegation of abuse for example, how and who they should report concerns to. The same staff member we spoke with told us "If ever there was an issue about abuse or things I am worried about, I would call X (company director) and if they weren't available someone else in the office". Staff also told us they knew how to escalate concerns further if required.

Documentation to confirm safe recruitment practices had been followed was not consistently available in staff files. For example, in one staff file, there was only one character reference and no reference available from the staff member's previous employer to determine their past performance and conduct. This was not in line with the service's recruitment policy which stated there should be at least one reference from a previous employer. In another two staff files, there was no confirmation that Disclosure and Barring Service (DBS) checks had been obtained. A DBS check allows employers to see whether the applicant has any convictions that may prevent them working with vulnerable people. The company director stated they had noted during a recent audit of some of the staff files that this information was not consistently available but did confirm all staff had a DBS check prior to working alone and the documentation for these were stored separately ready for filing.

People said they were satisfied with the support they received with regards to their medicines however; medicines were not always managed safely. The Medicines Administration Records (MAR) did not always provide sufficient information to enable the safe administration of medicines and documentation of medicines administered was not consistently completed. For example, on one MAR it stated the name of a medicine but there was no information to state how this should be given and no clear information on what the daily dose should be. The only information for method of administration was 'syringe' and under the directions it stated '10mls'. It was indicated on the MAR that this medicine should be given twice per day, however it was not clear whether 10mls should be given each time or whether this was the required total daily dose. On the same MAR it stated 'eye drops'. There was no information available to detail what the name of these eye drops was and information on how much should be given. This meant people were at risk of not receiving their medicine as prescribed and according to the labelling. The company director told us during the inspection they had recently identified some of the issues in the way administration of medicines was being documented. They showed us a revised MAR which they told us they were implementing at the start of the week following the inspection.

Whilst risk assessments were available regarding environmental and health and safety there was very limited information available regarding other risks specifically relating to people's health and support needs such as moving and handling, risk of malnutrition and/or dehydration or risk of pressure sores. For example, in one person's care plan under the heading 'mobility and dexterity' it stated they had 'limited movement'

but no information was available detailing what this meant and what risks had been identified in response to this, such as risk of falling.. In the same care plan it stated this person was susceptible to pressure ulcers however, the degree of risk had not been assessed and guidance on how to mitigate these risks were not available. The risk assessment relating to their eating and drinking stated they required 'full support and encouragement, yet there was no specific details regarding this; whether they were at risk of choking and no malnutrition risk assessment had been completed.

Risk assessments with regards to the support people may require support with their medicines were not available. There was no guidance to staff to inform them what assistance people needed with their medicines for example, whether they required full support, prompting to take their medicines or whether they were able to self administer. A staff member we spoke with told us one person was able to self administer their medicines however, daily records showed they assisted this person with the application of topical medicines which the staff member confirmed they did. There was no topical medicine administration records or body chart available to indicate when these had been administered nor instructions relating how they should be applied.

These shortfalls were a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people were not protected against the risk associated with the unsafe management and use of medicines and the risks to health and safety of people using the service were not appropriately assessed.

There were sufficient staff employed to provide consistent and safe care to people. People said they had regular staff who knew them well and there were suitable arrangements in place to cover any staff sickness.

Is the service effective?

Our findings

Training in safeguarding, medicines management and the mental capacity act had not been completed for most staff. For example, when we looked at the staff training in medicines administration, we saw some staff were administering medicines to people but there was no confirmation they had received training or a competency assessment prior to administering these medicines unsupervised. In addition, the monitoring of when staff training and supervisions were due was not robust and meant some staff training had either not been completed or was overdue. Despite this, staff were knowledgeable about people's needs and said they felt they had received the necessary training to equip them with the skills they needed to provide the care people required. People we spoke with told us staff knew them well and were able to provide the support they required. The company director told us they had recently employed a member of staff who was due to start working at the service in the next few weeks. They told us this staff member would have an overview of the training requirements for all staff and ensure all training files were up to date.

Staff confirmed they had received training on the use of equipment including the use of hoists and repositioning aids. Staff also told us they had received training in line with people's specific needs. For example, one staff member told us a person they supported had an indwelling urinary catheter. They were able to tell us how they supported this person to help observe and prevent potential problems relating to this, such as blockage or infection.

New staff had an induction period which included shadowing more experienced staff members prior to working independently. One staff member told us about their induction. They had ongoing support and shadowed staff. They told us about some of the mandatory training they had completed and also read care plans. They were introduced to people who used the service and informed what support people needed before visiting them on their own. However, the documentation to confirm a full induction program had been completed was not available. The company director told us they had a new system in place to ensure this was completed.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). 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.

Most staff we spoke with, were unable to confirm what the MCA meant to them in their day to day practice and confirmed this was due to not receiving training in this area. However, the company director was able to tell us who they would refer to if they had any concerns relating to a person's mental capacity and where the need to make a decision in a person's best interests might need to be considered. In addition, all staff told us they would always seek a person's consent prior to providing them with support and gave people choices on how they would like to receive their care and people we spoke with confirmed this.

Consent forms had not been completed by people receiving care and therefore this did not meet with the legal framework in relation to the MCA. The company director told us they had recently noted this when they reviewed people's care plans and told us they had scheduled visits to discuss this with each person during the week following the inspection in order to rectify this.

These shortfalls were a breach of Regulation 11 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 because full consent was not obtained prior to receiving care and treatment.

Staff helped to ensure people who used the service had sufficient food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff. Where people were at risk of dehydration or malnutrition, staff recorded their diet and fluid intake in their daily care records and this was monitored accordingly. When we looked at the minutes of a recent staff meeting, it had a reminder for all staff to ensure people had drinks within their reach and to encourage and remind people who were at risk to drink sufficient fluids during a spell of hot weather.

People who used the service were supported by staff to have their healthcare needs met. Care staff had details of people's GPs and any other health professionals such as district nurses or occupational therapists. People's care records showed staff liaised with GPs where requested, although this was also managed by people themselves or their relatives.

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and said they always treated them with consideration and respect. Staff spoke fondly about the people they supported and gave good examples of how they developed positive relationships with people using the service. One staff member told us how they had been supporting a person who began to experience increased difficulty with their movement. The staff member recognised this had a negative impact on their independence and therefore raised these concerns with an occupational therapist. New equipment was organised for this person. Following this, the staff member told us this had a significant improvement to this person's quality of life for example, where they had previously only been able to have a wash in bed they were now able to have a shower.

People said they were cared for in a person centred way and were able to contribute meaningfully in day to day decisions about how their care was provided. The relative of one person told us the same staff visited their family member regularly so there were always familiar faces which they preferred. They went on to tell us that staff were always very helpful, kind and caring. One staff member told us they liked working for Crystal Caring as they ensured staff visited the same people. They told us this ensured continuity of care and had enabled them to build a good rapport with the people they supported. They said "It is nice to see the same faces and the service users like this too as it makes them feel comfortable knowing the staff who come to see them".

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. One member of staff we spoke with told us how they helped a person they were supporting make choices and how they did things together with them which promoted their independence. They assisted them to make daily choices; looking together at what clothes to wear, household tasks and assisting them to prepare their own meals. In doing this, they also got to know more about each other which made the care more personal and interactive.

Everyone we spoke with said their care staff were reliable and punctual unless there had been an unforeseen event that prevented them from doing this which they said, rarely happened. Staff told us where staff had not been available at short notice, staff cover had always been available. Staff told us when they had supported people as per their care package, if there was time left at the end of the visit, they would always stay and chat to people; ensuring they had everything they needed and were comfortable before leaving. One person we spoke with confirmed this and said "Staff always ask if I want anything more before they leave".

People's privacy and dignity was respected. Staff told us they asked people's permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately. They also were able to tell us how they protected people's privacy and dignity. One staff member told us how they protected people's dignity whilst providing personal care; being discreet and covering them as appropriate. People and their relatives confirmed this.

Reponses from people to satisfaction surveys were all positive with people saying the service delivered care as required in line with their needs.

Is the service responsive?

Our findings

Staff were knowledgeable about the personal care needs of the people they supported. At the front of each person's care plan there were details of how people liked their personal care to be provided. For example, in one person's care plan there were clear instructions for staff on how often they liked to have their hair washed, how they liked it dried and how they liked to be positioned in their chair. Care plans for people's specific care requirements in response to identified risks were not sufficiently detailed and did not identify all actions necessary to ensure people received high quality care to meet their needs or to mitigate these risks. For example, in one person's care plan, it stated 'no concerns' under the heading 'personality/emotions'. Later in their care plan it stated 'confusion...on occasion' with no details of the degree or type of confusion. This did not inform staff of a baseline to enable them to monitor this person's emotional well-being.

Care plans did not include information on people's specific wishes, preferences, likes or dislikes around aspects of their life other than personal care. Whilst care plans detailed people's preferences regarding their daily routine for example, personal care and timing of their meals, there was little or no information on people's preferred food, hobbies and interests. One staff member told us about one person they supported. They told us this person was sometimes 'quiet' during which time they did not speak very often. Although this staff member knew how to support this person with their personal care in line with their preferences and wishes, they had no knowledge of their interests or previous hobbies and did not know what they liked to talk about or what they were interested in. This meant the care provided was not always completely person centred.

At the time of the inspection, the company director stated no complaints had been received at the service. A complaints procedure was available and provided to people when they joined the service. However, one person told us they did not know how to raise a complaint if they needed to. At the time of the inspection, no complaints had been recorded and it was confirmed by the company director that none had been reported. The company director showed us the current system they would use to track and follow up any complaints received.

Whilst one person we spoke with told us they did not know how to make a complaint, people were given the opportunity to give their views about the service. The company director told us they regularly sought feedback from people when they visited them. A satisfaction survey had also been sent in 2016 within the first year of the service being registered to obtain people's views and to continually improve the service. This showed the service was keen to involve everyone and to improve things where necessary. It also showed the service was working in partnership with people and their families; keeping the needs of those they support at the forefront.

Is the service well-led?

Our findings

At the time of the inspection, the systems to monitor the quality of the service were not robust and did not always identify shortfalls. For example, whilst regular visits and spot checks were carried out by the registered manager to monitor the care practice carried out by staff, there was no plan in place to ensure these were completed for all staff. An overview of staff training was also not in place to ensure staff received training when it was due and a recent medicines audit had not identified issues with completion of documentation following administration of medicines.

Staff meetings were held in order to share best practice, highlight training requirements and to provide support to staff. We looked at the minutes from a recent staff meeting. These included praise and thanks to staff for their hard work and reminders for staff on confidentiality and uniform. Staff were also invited to put in requests for training. Whilst staff who attended these meetings were listed on the minutes, there was no documentation to confirm staff who had been unable to attend had been given the same information. When we spoke to the company director about this, they told us all staff would have been given this information following unattended meetings however, they had no documentation in place to support this. They noted this so that this could be rectified for future meetings.

The company director told us certain aspects of the service were due to change following a recent internal review of how their current systems were working. As a result, more time and resources had been planned for staff training and development, documents and systems were in the process of being updated and implemented and there was a plan to increase the review and assessment of the quality of care.

Staff were passionate about providing good quality care and said they felt supported by the management team. Staff and people we spoke with told us they usually contacted the company director to provide feedback or to seek advice on any issues. There were many positive comments about the management team saying they were approachable and could be relied upon to respond to any concerns or suggestions to further improve the service. Comments from staff included "X (company director) is approachable and liked" and "'X is approachable and easy to get on with. I can call her anytime. I just pick up the phone and she's there". One staff member told us about an issue they had which they escalated to the company director. They told us they took their concerns seriously and handled the issue satisfactorily until it was resolved.

Comments from people and their relatives on the service included "I am quite satisfied with the service provided", and "The service is very good".

The company director told us they spoke with every person using the service at least once per week to ensure they were satisfied with the service they were receiving. An annual survey was also sent to people who used the service and staff which asked questions regarding the level of care provided. This demonstrated the service valued people's opinions.

We saw that records were kept securely and confidentially and these included electronic and paper records.

The company director told us they networked with external services and organisations in order to continually look at innovations and ways to improve and enhance the service they provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Full consent was not obtained from people prior to them receiving care and treatment. Regulation 11(1).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 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. Regulation 12(2)(a)(g)