

Crestar Healthcare Limited

Crestar Healthcare

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Crestar is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there were 23 people using the service.

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

Systems to monitor the quality and safety of the service had not been effective at monitoring and improving the quality of the service. Robust auditing had not taken place and had not identified that Electronic Care Records (ECR), had sufficient information regarding people's needs and risks for staff to safely support them. The ECR records for call times were not reflective of actual times for calls to people's homes.

People felt safe and trusted staff. Staff knew how to support people to keep them safe. Improvements were needed in how people's medication was recorded to show this was in line with the prescribers instructions. Carers had received training to recognise and report signs of abuse.

Safe recruitment processes were in place and staff received a thorough induction to familiarise themselves with the expectations of the role and the values of the service. They received good quality training and supervision to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People told us staff were caring and knew their needs and preferences well. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

People's needs were assessed before the service provided them with care or support. However, this was not always translated into the electronic care records that staff use in people's homes. People and their relatives, where appropriate, were involved in this process.

The registered manager was open and transparent and promoted a person-centred culture within the service according to staff. Systems and processes were in place to seek the views of the people who used it.

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.

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

Rating at last inspection

At our last inspection we found breaches of the regulations in relation to failing to ensure that staff were recruited into the service safely, (regulation 17) and for failing to monitor the quality of the service provided, (regulation 19). The provider completed an action plan after the last inspection to tell us what they would do

and by when to improve.

At this inspection, we found the provider remained in breach of regulation 17 and a further breach of regulation 12 'Safe Care and Treatment'.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Enforcement

We have identified a breaches in relation to good governance and Safe Care and Treatment at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement



Crestar Healthcare

Detailed findings

Background to this 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. This information helps support our

inspections.

We used all of this information to plan our inspection.

During the inspection

When we visited the office, we spoke to the registered manager, and a care co-ordinator who supports the registered manager.

We reviewed a range of records. This included 5 people's care and medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

Inspection activity started on 13 December 2022 and ended on 15 December 2022. We visited the location's office location on 13 December 2022.

After the Inspection

After the inspection we spoke with 5 people who used the service and/or their relatives by telephone to get their views of the care provided. We also spoke to 5 staff members by telephone. We reviewed care records, support plans, medical charts, policies and other documentation that was sent to us electronically. We sought clarification from the registered manager to validate evidence found. We looked at training data and infection control policies.

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 Requires Improvement. At this inspection this key question rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- People were not always receiving medication administered as and when required in a safe manner. People and their relatives told us the medication was administered as they had been advised by medical professionals. There was evidence that staff were recording most medicines in a proper manner that utilised the electronic monitoring system used by the care agency. However, some topical ointments did not have appropriate body-maps within the Electronic Care Records (ECR). Staff told us that they read instructions for application from the package and consulted people receiving the service or family/friends if appropriate.
- Staff were trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when, 'as required' medication should be administered. However, poor record keeping meant that staff who were not familiar with the person receiving care would not be able to gain easy access to records of how to apply ointments and creams.
- People's individual risks were assessed, and measures were put in place to keep people safe in paper case records. However, this was not always translated into the new system of ECR the provider had recently implemented. Paper records were not available to staff, and the ECR did not hold all the relevant information at the time of inspection. However, staff were familiar with peoples' risks and could demonstrate appropriate actions for different situation such as Catheter care and Diabetes Care. People confirmed that staff were diligent about risks and no changes to peoples individual risk were identified during the inspection.
- Risk assessments provided details to guide staff in how to support people safely. These were updated by the provider every 12 months or when there were changes and contained the correct information, such as up to date family, medical and other agencies details as well as changes in needs. However, the ECR did not always reflect the paper risk assessments within peoples records and staff had no access to these during care appointments.
- Risks to people who had known skin damage was not recorded in the ECR with waterlow scores. This meant that people could be at risk of exacerbating skin damage.

The providers systems had not been effective at ensuring that staff had access to all records to give people medication safely and know all risks to people. This is a breach of regulation 12 'Safe Care and Treatment' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider checked staff competency following their training at regular intervals. This helped to ensure staff had retained their skills and understood safe practice in medication.
- People and their relatives told us that carers personalised their approach to managing risks around behaviour that could be challenging by having a good understanding of the people they support. One

relative said, "The carers really know my mum well, when she has changes in her mood, they really try to engage her or let me know".

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They mostly credited this to usually having regular staff who they trusted and had a good understanding of their needs and preferences. When agency staff were used, they worked with experienced staff to mitigate risks.
- Staff received training in recognising and responding to allegations of abuse and were able to demonstrate they knew the process for reporting concerns.
- The provider had systems in place to regularly check staff competence in this aspect of their work. This included regular 'spot checks' where managers would assess work in a person's home environment.

Staffing and recruitment

- People were supported by regular staff. One relative told us, "There are two carers that come all the time and we may have others sometimes when these go off or they [the service] are short."
- People and their relatives told us that staff were very professional and arrived on time or near to time. One person told us, "The staff are great, and if they are a little late, they will always apologise and stay to make sure I have everything I need".
- The provider had a system in place which alerted them to calls which were 15 minutes or more late. This enabled them to investigate the issue and update people using the service.
- Staff were recruited safely and had appropriate pre-employment checks in place.
- The provider used a system to support safe recruitment practice which was in the form of a recruitment policy. This prevented staff from being approved to start work until all checks had been completed with an acceptable outcome. Checks included taking up references, completion of a disclosure and barring check and proof of identity and right to work in the UK.

Preventing and controlling infection

We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was using PPE effectively and safely. All people told us that staff wore PPE at all times.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. This was done using an action plan arising from the original issue which used target dates to ensure good levels of compliance.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.
- Staff told us they would always offer to provide a drink or 'something to eat', and record any changes in consumption of food or drinks.

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

- The staff were working within the principles of the Act, mental capacity and best interests' assessments. These assessments were updated as required, and the registered manager was arranging best interests' meetings where needed.
- People told us that staff sought their consent before providing them with any care. One relative told us "Everything they do they tell them [their family member] and say what they're doing at every step of the way." People told us "The carers always ask when undressing me, and are so careful to keep my body covered during washing".
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.

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

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. However, the information from initial needs assessments were not

translated into the care plans that staff used daily. Staff did not have access to the initial assessments as they were kept at the office in paper format. An example would be that Catheter care plans were not translated into the electronic system that staff use. Staff were aware of how to manage catheter care, however, new or agency staff may not be familiar and there was no guidance in available plans. Agency staff usually worked with people who were assessed as requiring less support or were paired with another experienced carer when attending people who needed 2 carers or had higher care needs.

- Care and support was reviewed and updated as people's needs changed. People, their relatives and staff told us that care plans were reviewed at least annually or more regularly where there had been changes.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One person told us, "I am well looked after as staff can judge my mood and provide the support they need at that time, as I sometimes get depressed".

- The provider ensured staff had support to develop their skills through a flexible and robust approach to training. Staff told us that specialist knowledge such as Hoist usage was always face to face with a manager guiding usage and assessing competency.

- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. An example would be mental health training. They told us training was engaging and kept them interested. One staff member said, "When I came here, I understood the training far better than at my old place [of work]".

- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly. Records confirmed this.

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

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate.

- Staff and managers worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.

- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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 treated well, however, this was because they had regular staff who knew them well. The systems to ensure staff were well informed by having detailed care and risk plans that were accessible to them were not in place. An example would be that a person's electronic risk assessment did not have information regarding catheter care, however the paper version did have a risk assessment. The staff do not have access to the paper version in a person's home.
- People told us staff were kind and treated them well. One person told us, "It's not just a job to them [the staff]. It makes all the difference in the world when they actually care what they're doing." Another said, "They always spend time to chat with me whilst doing their work. Sometimes they are the only people I see, and that chat is the only time I speak to other people. They seem interested in me".
- Many people said they appreciated having consistent care staff and this increased their confidence that staff were trustworthy, provided dignified care and treated them with respect. One relative told us, "They're [the staff] like daughters to my mum and treat her like I would treat her".
- Staff, relatives and people told us that the provider made efforts to match staff's personalities, culture and language skills with people receiving care. This was particularly important for people who did not speak English.
- We saw numerous cards from people receiving care thanking the registered manager for quality of the support and personally thanking named staff. This was complimented by face to face and telephone quality checks completed by the registered manager on a bi-monthly basis.

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

- People and relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- As well as satisfaction surveys and regular reviews of care, office staff were calling people regularly to gain feedback and discuss any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that privacy and dignity was promoted. One relative told us that carers always ensured doors and curtains were shut when supporting their family member with personal care.
- Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels to cover private areas.

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 Requires Improvement. At this inspection this key question has remained as Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's Electronic Care Records (ECR) had limited information about people's personalised care needs, life history and things that were important to them.
- The registered manager and care coordinator told us about the improvements they were making to care records and people's involvement in their care and ensuring the ECR were more detailed. The lack of detail in the current records meant people may be at risk of not having their needs met in the way they needed. The registered manager had bought the newer version of the ECR which provided better prompts for filling in personalised details and ensured that the registered manager had a 'dashboard' to check progress easily. This had not been implemented at the time of inspection.
- Staff were knowledgeable about people's needs and people we spoke with confirmed this.

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 ECR contained minimal information about people's communication needs. This meant that staff did not have access to relevant information and so could miss verbal and non-verbal cues from people they support.
- The provider was able to produce documents in other formats if required. We saw that leaflets were available to print in different languages. The provider told us that this was done when required.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. Some people we spoke with told us that things had improved greatly. One person told us, "There has been a good shake up, it needed to happen. I wasn't happy with things, but the registered manager sorted care times for me".
- We saw that all complaints had been captured in the provider's records. The care coordinator was able to tell us what actions had been taken in relation to any concerns raised. We saw a copy of the complaints book which highlighted actions taken with previous complaints with dates of incident and timelines which included escalation procedures.

End of life care and support

- There was no one that required this level of support at the time of the inspection. The new care plan format that was being developed will include people's choices and preferences around how they would like to be supported at the end of their life. The registered manager told us that they would be talking to people about preferences as part of the updated system.

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 remained as Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place for oversight of the service were not robust. Audits undertaken had not identified or effectively prioritised where improvements needed to be made or improvements had not been made in a timely manner.
- For example, there were systems in place to monitor care planning quality practices, however, these had not identified that ECR did not include full details of people's needs and choices. This meant that staff did not have access to risk assessments or up to date information regarding people's choices and needs.
- There were systems in place to monitor call times. However, the system was not effectively used as we found all call records reviewed to contain inaccuracies. For example, we saw that a person had received calls of 0 minutes and 2 minutes on numerous occasions over a period of 3 months. However, the person and care staff told us that calls were kept regularly and in a timely manner. The staff said they had difficulties with the system of recording and sometimes recorded late. The registered manager had not identified this in audits and had taken no action to ensure that records were accurate. Such a failure could result in missed calls and short calls to people who may not be able to complain due to issues such as dementia.
- There were systems in place to monitor medication and topical cream administration. However, we saw that staff had not recorded the administration of all topical cream administration into the electronic recording system. This had not been identified in the providers audits, nor had staff been informed of the lack of recording and action taken.

The providers systems had not been effective at identifying risks and improving the quality of the service. This is a continued breach of regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is an ongoing breach from the inspection dated 25 September 2019.

- The registered manager and the care coordinator told us that the service had recently experienced an unsettled time and a number of management staff changes had taken place. This included office-based staff who had been responsible for coordinating the service and supporting staff. A new staff structure had been implemented and a new care coordinator was in place. The registered manager told us they felt confident with the new team in place the planned improvements would be made. We saw evidence that work was taking place to make the improvements needed and this was confirmed by the people and staff we spoke with.

- The provider understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.
- 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 provider was aware of their responsibilities under the duty of candour.
 - During the inspection, the provider open about issues identified and was open to constructive criticism of systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people;

- The provider asked people, staff and relatives for their views on the service. Feedback was collated from staff meetings and informal discussion and was used to develop service provision.
- People told us that the service had improved, and they had received a recent visit from the management team to ask their views about the service. One person told us, "Things have improved I am very happy with everything."
- Staff were confident to make any suggestions for improving people's care through staff meetings and contact with the management team. A staff member told us, "I am very happy working here. I have worked here a long time and things are improving. The registered manager is excellent and supportive. The new care coordinator is very good, and things are well organised now. For example, care calls are more organised now, so we are not losing time zig zagging around through traffic. I am very happy with everything."

Continuous learning and improving care; working in partnership with others

- The provider worked in partnership with the local authority and with other healthcare professionals

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The providers systems had not been effective at ensuring that staff had access to all records to give people medication safely and know all risks to people.</p>