

The Crescent (Yorkshire) 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Crescent (Yorkshire) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to range of people, including older and younger adults and children. At the time of the inspection the service was providing personal care to 11 people. The service also provides social inclusion support to other people who use the service. This aspect of the service does not require registration with the Care Quality Commission and is not included within the scope of this inspection.

At our last inspection in 2016 we rated the service as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We found the service had further developed the responsiveness of the service and rated this domain as Outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Medicines were managed safely and people received them as prescribed. Staff were familiar with the people they were supporting and the risks associated with their care. There were enough staff to ensure a reliable and timely service.

People received care from staff with a good level of training. Staff were knowledgeable about the people and topics we asked them about. Comprehensive staff training was in place which was continually being developed to meet people's changing needs and changes in legislation.

The service was compliant with the legal requirements of the MCA and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People said staff were kind and caring and treated them well. People were always introduced to care workers prior to care delivery and received care from a small team. People were informed of who would be visiting them the week before. People were listened to and the service helped develop people's independence.

People said the service provided excellent care which met their individual needs. People achieved excellent care and support outcomes using the service. Care was very person centred and there were plenty of social opportunities and activities promoted by the service. Strong links were in place with the local community.

People praised the management team and said they were supporting and approachable. We saw they were dedicated with providing people with high quality and person centred care. The service was committed to continuous improvement and was putting in place a number of innovative and exciting plans to further develop the service. We made a recommendation advising the provider to measure the effect these plans

had on the care and support outcomes of people who used the service. This would provide direct evidence of whether these had truly benefited people who used the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People provided excellent feedback about the service and the outcomes people had experienced whilst using the service. The service was focused on providing highly personalised care, flexible to people's changing needs.

The service had strong links with the local community. People were empowered to take part in a range of activities and events were held by the provider to enhance people's social lives.

A system was in place to log, investigate and learn from any complaints. People were very satisfied with the service.

Is the service well-led?

Good ●

The service remains Good.

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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.

The inspection was announced. We gave the service 48 hours' notice of the start of the inspection. This was because we needed to make arrangements with the provider to speak to people who used the service prior to visiting the office location. The inspection took place between 7 and 26 September 2018. On 13 September 2018 we visited the provider's office to review care records and policies and procedures. On 25 August we undertook a visit to the home of a person who received care and support. Between 7 September and 26 August 2018 we made phone calls to people who used the service and staff.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts, 'share your experience' forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with three people who used the service and six relatives. We spoke with seven care workers, the training manager, registered manager and the nominated individual. We reviewed three people's care records and other records relating to the management of the service such as training records, rotas and audits.

Is the service safe?

Our findings

Systems were in place to protect people from abuse. People and relatives said they felt confident people were safe whilst in the company of staff. They said when minor concerns had been raised they had been addressed promptly by the management team. People said that they were consistently treated well by staff. Staff had received training in safeguarding of vulnerable adults and children. They said they were confident people were safe from abuse and knew the correct procedures to follow should they believe someone was at risk. Where safeguarding incidents had occurred, appropriate action had been taken to investigate the incidents and make improvements to working practices to reduce the likelihood of a re-occurrence.

Risks to people's health and safety were assessed and mitigated. People and relatives said staff worked competently and followed safe working practices. Staff knew the people they were supporting well and the risks they were exposed to. Training in how to work safely had been provided to staff dependant on the specific risks and medical conditions of the people they were supporting. Risk assessment documents were in place which covered areas of assessed risk including manual handling, tube feeding, epilepsy management and supporting people out into the community. These were detailed and provided staff with clear instructions on how to keep people safe whilst supporting them to maintain their freedom and independence. We did identify that one person's moving and handling care plan needed more detail recording about the nature of the support provided, we raised this with the management who took action to improve the quality of the document.

People said the service was reliable and calls were not missed. Emergency arrangements were in place and contingency plans which covered periods of bad weather to minimise the risk to people.

Medicines were safely managed. People and relatives said that medicines were given appropriately and in a timely manner. Staff had received training in the management of medicines and had their competency assessed on an annual basis to ensure they retained the skills to work safely. People's medicine support arrangements were detailed within care plans so staff knew the support to provide. In one case, we found more information was needed on when to give "as required" medicines. We raised this with the manager who agreed to take action to address this. Medicine Administration Records (MAR) were fully completed indicating people had received their medicines as prescribed.

There were enough staff deployed to ensure a reliable service. People and staff said the service was reliable and there were enough staff to ensure people received consistent care and support. The service only took on additional care packages once it had the staff to provide the care to that particular person to ensure it always retained capacity to provide care and support. Staff rotas were manageable with enough time to get between locations and a small number of calls each day to allow staff to spend quality time with people.

Safe recruitment procedures were in place to ensure staff were suitable to work with vulnerable people. The service operated a value based recruitment system to ensure new staff were in fitting with the companies values.

Systems were in place to log, investigate and respond to incidents and accidents. This included medicine errors. We saw there was a culture of learning from adverse incidents and documentation errors. Any shortfalls in staff practice were reflected on and meetings held to improve working practices.

People and relatives said staff adhered to appropriate infection prevention procedures for example wearing Personal Protective Equipment (PPE). Staff had received training in infection prevention. Care plans reminded staff of the need to follow good hygiene. Infection prevention practices was monitored by the management team during spot checks of staff practice.

Is the service effective?

Our findings

People and relatives said the service provided effective care that met people's individual needs. They said they were pleased with the quality of care provided by the service.

The service kept up-to-date with best practice and changes in legislation. The service's management team had a good knowledge of the topics we asked them about. They regularly attended additional training courses and sought out new training for staff to ensure they kept up-to-date. For example, staff had received training in the General Data Protection Regulation (GDPR) and the Accessible Information Standard following the creation of a course by a member of the management team who was also a qualified trainer.

People said staff had the right skills and knowledge to care for them and that they usually received support from the same staff. Staff received a range of training relevant to the people they were supporting. For example, if staff supported a person with epilepsy, they received training in this subject. Records showed training was kept up-to-date. Training consisted of computer based learning and face to face training. Face to face training was delivered by a member of the management team who was a qualified trainer or local health professionals for any clinical training. New staff were supported through a robust induction process including training and a period of shadowing existing staff. Staff were supported to achieve further qualifications in health and social care. A staff member said "If you are not sure about anything, they go through it with you and make you feel confident."

The service was always looking at ways to further develop its training. For example, they were providing hospitality and customer service training to all staff as they had identified that this would lead to further improvements in the way staff interacted with people. The service was also working with a local university to develop a training academy. This would allow the service to deliver bespoke accredited training to its staff and those of other care providers. The management team told us this would improve flexibility and availability of training in the future.

Staff told us they felt supported. They received regular supervision and appraisals to assess their performance and address their developmental needs. Staff also had access to a confidential support line to discuss any welfare issues.

People's nutritional needs were assessed prior to using the service. Where staff supported people to eat and drink clear instructions were recorded within care plans for staff to follow. Daily records of care confirmed the right support had been provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For domiciliary care agencies any applications to deprive a person of their liberty must be made to the Court of Protection. No applications had needed to be made by the service.

Overall, the service was acting within the legal framework of the MCA. We found the management team were aware of their responsibilities in this area and we saw relatives and health professionals were involved in best interest processes when people lacked capacity. However, in the care records of one person who lacked capacity, some of the wording needed amending to clearly demonstrate that their relative had been consulted rather than had consent to their plan of care. We raised this with the registered manager who took action to address this.

People and relatives said that their healthcare needs were met by the service. Information on people's healthcare needs was present within their care and support files. We saw evidence the service worked with other health professionals, such as dieticians and information was shared to ensure co-ordinated care and support. Where changes in people's condition had been noted we saw evidence the service contacted health professionals to help ensure people's needs continued to be met.

Is the service caring?

Our findings

People and relatives praised the staff team and said they were kind and caring. One person said, "Staff are excellent, I have one main carer she does everything right for me." A relative said, "Yes they are kind and caring, I wouldn't have them if not." Another relative told us, "Girls [staff] are lovely, can't fault them, no timekeeping issues."

Staff demonstrated good caring values and a dedication to providing person centred support and promoting relationships. Staff demonstrated they were familiar with the people they were supporting and knew the care people needed. People and relatives confirmed this. One person told us that staff had gone above and beyond and stayed with them in their own time after they suffered a bereavement. We saw staff had regularly supported people past their contracted hours in order to ensure their comfort and minimise their distress.

New staff were introduced to people before they worked with them. This meant that people were not cared for by strangers. The service thought carefully before assigning care workers to people, and ensured there was a good level of compatibility. This helped in the development of positive relationships. Relatives told us that when staff had not been compatible with their relatives, the service had made changes to the team that supported the person. We saw people received care from a small group of care workers which helped ensure staff were familiar with the people they supported. People received rotas the week prior to care delivery so they knew which staff would be supporting them. However, two relatives expressed frustration that there was too much turnover of staff over a period of several years. We saw the management was actively monitoring turnover and analysing reasons people left in order to reduce turnover.

Care plans were person centred and contained information on people's likes and preferences. The service was currently updating care plan formats and was working with people to obtain information on their life histories to help staff better understand the people they were supporting.

People said the service supported them to be as independent as possible. For example, in accessing the community and building their confidence. Care and support plans focused on helping people to achieve goals based on independence and self-confidence.

People's views and opinions were sought and listened to through various mechanisms. People and relatives said the management team were helpful and listened to them and acted on any comments they made about the service. People were asked and consulted on a range of matters. For example, most people had decided they did not want staff to wear an obvious uniform whilst supporting them. As a result, the management team decided to introduce standardised items of casual dress for staff, so that whilst staff conformed to a dress code, it was not an obvious uniform. People had the option of staff wearing a subtle company logo or no logo at all.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service

ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the acting manager, people and relatives showed us the service was pro-active in promoting people's rights. Staff had received training in equality and diversity and people were asked for their views in this area through care planning, reviews and quality assurance visits. We saw adjustments had been made to match staff with people that spoke the same language and make documentation available in larger print for one person who had reduced eyesight.

Is the service responsive?

Our findings

People and relatives said that the service provided them with an excellent quality of care. They said care was very personalised and met individual needs. One person said, "[I am] Very happy with the care, they gave me a care plan before I started." Another person said, "Lovely, its all been very good, they [staff] do what I need and what I want." A relative said, "Standard of care is good we would be lost without them." A staff member told us, "We are always introduced to clients and give clear instructions of the care package [prior to commencing]." This helped ensure people's needs were met as soon as they started using the service.

Staff also praised the service and said they had the time to make sure people received an exceptionally high quality of care as they didn't have to rush. The service provided a minimum call length of three hours with a strong focus on meeting people's social needs. One staff member said "I love it here, wished I known about it a long time ago. It's the fact that the shortest call is three hours, you are not just in and out, you really build a relationship with them, you see them as friends." People and relatives all said the staff were excellent at providing companionship and meaningful activities.

A health professional told us that the service had been highly effective at meeting the care needs of a person with behaviours that challenge by delivering highly person centred care that promoted choices, independence and activities at every opportunity.

People said the service was highly flexible and responsive to their needs. For example, one person told us that if they had a hospital appointment at short notice, the service accommodated this and provided additional support. They said a staff member had recently come in on their day off so they could attend their appointment with them. They said this was typical of the service and staff were always dedicated and willing to accommodate their requests. A health professional told us how the service had been able to arrange short notice support when a person's condition deteriorated and this had helped achieve a positive outcome for the person. This demonstrated a very responsive service.

The provider offered a service called "essential services" to people. This was in conjunction with its sister company who could provide equipment such as stair lifts, accessible technology, ramps and key safes for people. This allowed people to get information about possible equipment that would improve their safety or promote their independence and then obtain it rapidly via this service. The provider told us people didn't always know what equipment was out there but they were able to hold these discussions with people, to help inform them of the options available. This helped maintain people's independence.

The service had a clear philosophy of providing person centred care that met people's social needs. People and relatives said staff provided people with companionship, chatting to them and spending quality time with them. They said staff stayed over the call time if necessary to ensure all tasks were done. A strong focus on companionship was evident when reviewing care plans which showed this philosophy was firmly embedded into plans of care. One person told us that alongside care and cleaning tasks, their care worker took them out into the community each morning which helped their welfare, mobility and independence and other workers took them for lunch. We saw evidence people's goals and dreams around activities had

been met. For example, one person had never been to a concert so staff supported them to attend one which they enjoyed. A health professional told us this person had achieved excellent outcomes whilst using the service.

Care plans were in place which showed people's needs were assessed. These were very detailed and provided clear instructions and the exact nature of the support and order to complete tasks to ensure they were done to a high standard. This included care and support tasks but also other tasks needed to support people to maintain a safe environment such as cleaning or changing light bulbs. People's likes, dislikes and preferences were considered to ensure a person centred approach to care delivery.

Very detailed daily records of care were in place. These showed staff completed the required care tasks and demonstrated how staff spent time chatting with people and undertaking any activities that they wanted to do. Daily records also demonstrated staff timeliness was good. People and relatives said staff were punctual and let them know on the rare occasion they were going to be late.

People said they felt involved in their care plans. We saw they were subject to regular review and audit. One relative was involved in the training and competency assessment of staff, demonstrating they were involved in the care and support package. We saw there were plans to further engage with people and improve care plans further, with a 'story book' format being introduced. This would be a creative and person centred way to engage people in the care planning process. The provider said it would "make something people and staff are proud of."

We found the service was meeting the requirements of the Accessible Information Standard. Communication needs were assessed as part of care planning and action taken to meet any specific needs. Large print documents were produced for one person with poor eyesight and documents could be converted into braille if needed. Choices were promoted in different ways for those who could not communicate verbally. For example, staff supported one person smell a number of perfume products each day to determine the one they wanted to wear. Staff gave examples of how they interpreted people's body language to obtain their desires. For example, one staff member told us in detail how they knew a person wanted to go to the supermarket through observing body language. It was evident from these conversations that staff knew people extremely well and their individual and diverse communication methods.

The service had developed strong links with the local community. The provider told us the office premises operated as a community hub, with the service encouraging the local community to make use of it. For example, other health professionals and local organisations were encouraged to make use of the space. The provider told us this helped raise awareness of the company and the work it did and was a chance for networking and sharing ideas. People, relatives and other community carers were welcomed into the building throughout the day. The manager told us this allowed them to provide a support network to anyone who needed emotional support receiving or delivering care and allowed different people to meet. Various events were held in the service's tastefully decorated office premises to engage with people and relatives and the wider community. For example, local fundraising events, coffee mornings and Christmas and Easter events. A magician had also visited to perform for people and staff. Staff and people told us they were regularly getting memos to invite them to these events. The service was also working with other businesses to rejuvenate the local high street and increase footfall onto the local high street to enhance the local community.

There were several innovative and exciting projects underway to further improve the service. For example, the service had identified that they required more male carers. Work was being undertaken with a local

rugby club to promote care careers for rugby players, highlighting how some people wanted a "gym buddy", "swimming partner" or someone to spend time with. Although this hadn't yet resulted in any new male care staff it showed a creative and innovative way to engage with the local community.

People said they were very happy with the service and had no need to complain. One person said that when they had raised minor issues they had been appropriately listened to by the management team and there was a real desire to further improve the person's experience. We saw there had been no recent complaints received about the service with the last complaint received in July 2016. A large number of compliments had been received, these were recorded which showed the areas where the service exceeded expectations.

Is the service well-led?

Our findings

A registered manager was in place. They were supported by office staff which included the provider, training manager, team leaders and senior care workers to help ensure the smooth operation of the service.

People and relatives spoke positively about the overall quality of the service and how it was managed. One person said, "It has been very good. 8/10 at the moment." Another person said, "Highly excellent [registered manager] is lovely." A third person said, "A perfect company in my eyes." A fourth person said, "If I need anything, they [management] are there for me." People told us they found the management team helpful and approachable. People told us it was easy to get in contact with them and any queries they had were addressed.

Staff also said they loved working at the service. One staff member said "Love it here, the staff and manager all do really care they make sure everything is done properly." Another staff member said, "The setup is brilliant, I feel so proud to be part of The Crescent." Another staff member said, "Love it, like my second family couldn't recommend it enough to anyone."

The service had a well-defined set of values around promoting compassionate and person centred care. Staff were recruited who were true to these values and staff were reminded of them regularly. There was an employee of the month scheme in place to encourage staff to uphold the company's values.

Systems to audit and check the service were in place. This included audits of daily care logs and medicine records. These were collated for individual staff members and any errors were then discussed with them and action taken if needed. A monthly management audit took place which looked at a comprehensive range of areas to provide assurance to the provider that the service was operating to a high standard. Current priorities included updating and developing care plans to make them even more person centred. Spot checks of staff took place in people's homes to check their competence and working practice.

There was a strong focus on continuous improvement of the service. There were a number of innovative and unique initiatives planned to further develop the service. For example, the training academy, story books and work to gain male carers.

We recommend the service measures the direct impact on people who use the service of these initiatives to ensure they are effective in achieving positive outcomes for people.

People were engaged with and involved by the service. For example, memos were sent to people informing them of the ways the service will be improving over the next few months. People were also invited to the numerous social events run by the service. People were consulted about the types of activities they wished to be involved in the future and the events that they wanted to see held by the service.

People's feedback was also gained through three monthly quality visits to check they were happy with their care, as well as annual surveys. We reviewed surveys from people and staff. All responses were positive and

showed people were very happy with the service.

Regular team meetings were used which were an opportunity to discuss any concerns, offer support to staff and drive improvement of the service. Some of the more complex care packages had large team of carers and these staff had individualised meetings to help improve the outcomes. This aided in the provision of responsive and effective care.