Crestar Healthcare Limited

Crestar Healthcare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 8 December 2016 with phone calls made to people using the service and their relatives on the same day. The provider had 48 hours' notice that an inspection would take place, so we could ensure staff would be available to answer any questions we had and provide the information that we needed.

The service had previously been inspected on 16 December 2015 where it was found to require improvement in the following areas; Safe, where there were concerns around staff numbers, incidents and accidents not being recorded and unsafe administration of medicines. Responsive where complaints were not always acted upon effectively and Well Led, due to concerns around the management of the service, lack of quality assurance audits being carried out and the service were not notifying us of any incidents involving people using the service. The lack of notifications received led to a breach of Regulation 18 CQC (Registration) Regulations 2009, Notification of Other Incidents. We asked the provider to take action in response to this and we found that this action had been completed.

Crestar are registered to deliver personal care. They provide support to adults living in their own homes. Some care provided is on a, "live-in basis", which is where the carer remains living in the person's home to care for them. At the time of our inspection 10 people were accessing this care through the provider.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff supported people in a way that made them feel safe. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. Criminal records checks were undertaken before staff were able to begin their role. People were supported to take their medication at the appropriate times. People received the support they needed and were satisfied with the timings of calls. Staff had knowledge of the risks posed to people supported them safely.

Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going comprehensive training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff assisted people to access food and drink and encouraged people to eat healthily.

People were involved in making their own decisions about their care and their own specific needs. People felt listened to, had the information they needed and were consulted about their care. Staff provided dignity and respect to people. People were encouraged to retain a high level of independence with staff there ready to support them if they needed help.

People's preferences for how they wished to receive support were known and always considered by the care staff. Staff understood people's needs and provided specific care that met their preferences. Staff considered how people's diverse needs should be met. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken. The provider requested feedback from people using the service.

People were happy with the service they received and felt the service was led in an appropriate way. Staff were well supported in their roles with a clear management structure. Staff felt that their views or opinions were listened to. Some quality assurance audits were carried out and we could see clear developments in how audits were being used to assess the quality of care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff supported people to keep them safe.

Risk assessments were in place and staff were able to manage any risks.

People were supported to take their medication safely, at the appropriate times.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service, ongoing supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good

The service was well led.

Quality assurance audits were carried out, but there was sometimes a lack of detail or analysis.

People were happy with the service they received and felt the service was well led.

Staff spoke of the support received from the registered manager.

Crestar Healthcare

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 announced inspection took place on 8 December with phone calls made to people using the service and relatives on the same day. The inspection was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person with experience of using services or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The team are responsible for monitoring services that provide care to people.

We spoke with five people who used the service and two relatives, three care staff and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records, we reviewed three staff recruitment records and two medication records. We also looked at records that related to the management and quality assurance of the service, such as staff training, rotas and audits.

Good

Is the service safe?

Our findings

At our inspection of December 2015 we found that incidents and accidents were not recorded. During this inspection we saw that an incidents and accidents policy was in place and that any incidents or accidents had been recorded. An example of the most recent was a fall where the person was uninjured. We saw that staff had additionally noted where accidents had happened when the person was in the care of family, so that they were aware of any changes in the requirements of the person. Body maps were completed to show any issues such as bruises.

Previously we found that people felt that staff numbers were an issue and that there was not always enough staff to care for people effectively. This time people told us that there was a sufficient number of staff and consistency in the staff that supported them and that they arrived when expected. One person told us, "I know them [staff] well, we see the same ones, we don't go without a visit". A second person told us, "They are good carers and they are normally on time. I have not had a missed call. If they are running late they let me know". A relative told us, ""They are always on time, maybe only a few minutes late sometimes that's all. We have had no missed calls of late. We did have a couple last year but none at all missed since". A staff member told us, "There is no need to be late. The calls are all close to me. I live in the area and those ones are all about 5 minutes or more away". A second staff member told us, ""I have no problems with commuting to calls". We saw that where staff members carried out live-in care this was done with an appropriate rest period and staff were happy with this. All of the staff members we spoke with told us that they felt that there was a sufficient number of staff on duty at any one time and that they were able to cover any absences.

Administration of medicines was a previous concern. However at this inspection we found that people who were given their medicine by staff were satisfied, with one person telling us, "My relative sets out my tablets and what I need to have and they [staff] come and give me them. I always get them at the right time". Staff told us that they felt confident to administer medicines and that they had been trained prior to carrying out the tasks. Medicine Administration Records (MAR) had been completed appropriately and where medicines were given, "as and when" there was guidance for staff to assist them. We found a medication risk assessment in place for all people alongside a profile of the medicines taken, this included issues around swallowing medicines, reading labels and pouring liquids. Regardless of whether the medicine was administered by staff or relatives a profile of all medicines the person received was available for staff so they had an awareness of medicines given and side effects in case of an emergency.

People spoke positively about the care they received from staff. One person told us, ""I definitely do feel safe with the staff. They are a good lot. I fully trust them. I feel very safe when they lift me" A second person told us, ""I feel very safe, definitely, they [staff] are golden". A relative told us, "The staff keep people safe, they do what they have to do and we are happy with it". A staff member told us, "People are safe, we know what they need, so if the risk assessment says they need two staff then I do help with a couple of double up calls for lifting when asked".

Staff were able to describe to us possible signs or symptoms that may indicate someone was experiencing

abuse. One staff member told us, "People might be bruised or scared of their carers if something is going on". A second staff member said, "I have not had any safeguard issues yet. I would call the manager if something happened for help or one of the other carers". We saw that there was a safeguarding policy in place and the registered manager could explain the process to alert appropriate external agencies to any concerns. In one example a staff member had become aware of a safety issue within a person's home and their family and relevant authority were notified and this assisted in keeping the person safe. Staff told us that they had received training in safeguarding and that this was updated as needed. All staff we spoke with told us that they would contact the emergency services for assistance should they feel that a person required immediate help. We saw that staff were provided with written instructions about leaving people's homes secure to promote their safety.

We found that detailed risk assessments had been completed in order to keep people safe. Risk assessments identified and considered the risk and what support could be offered by staff to minimise it. Risk assessments looked at areas where people may experience risk to their well-being and this included, mobility and the person's history of falls, skin integrity, moving and handling and equipment used. Environmental risk was also noted, for example if the bathroom was not spacious enough to carry out care safely, then details of the safest way of caring for the person was noted. We saw that risk assessments considered how many staff members the person required and if the risk posed was low, medium or high. Risk assessments were reviewed regularly with changes noted. We found that where staff completed financial transactions for people such as shopping, receipts had been submitted and expense claims were completed.

We looked at three recruitment files and staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. Where there had been a disclosure we saw that a risk assessment had been carried out and strategies were put in place for additional support and supervision of the staff member. We saw that a full work history had been requested from staff prior to the commencement of their employment.

Good

Is the service effective?

Our findings

People told us that the staff had the skills and knowledge required to support them effectively. One person told us, "The staff are properly trained in my opinion. I am lifted in a specific way and they certainly know how to carry it out". A second person shared, "Oh yes they understand my needs, they are trained and are very good with me". Staff made comments such as, "I am very happy with the training that I have received" and, "Yes had full training. It's good, I'm good!".

Staff spoke of how they had received a detailed induction period prior to starting work. One staff member told us, "I had a full induction and training, it was very helpful". A second staff member said, "Where I wasn't familiar with what care to carry out I was shown, colleagues have been a great help". We saw that new employees had completed The Care Certificate, which is an identified set of standards that health and social care workers should adhere to. The PIR told us, "We have recently adapted our induction programme to reflect the Care Certificate. Our registered manager has attended external seminars run by various organisations in order to keep abreast of new research, guidance and developments". We use these to train staff and to drive improvement". We saw that the training staff undertook was recorded and dates were noted when this would be due to be refreshed. Training undertaken included first aid and mental health, which was relevant to the needs of the people being supported.

Staff members told us they received regular supervision with one comment being, "I have supervision regularly, but can pop into see the manager at any time". The registered manager had put into place a supervision monitoring form, to ensure that staff did not miss supervision sessions. We saw that appraisals had been carried out where they were due and that these had been used as an opportunity to learn from the previous years tasks and set goals for the next 12 months. Staff told us that they felt that the manager wanted them to succeed in the job and so they were reminded regularly about good practice and how to carry it out.

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. We found that the service was working within the guidelines of the MCA and initial assessments carried out on people inquired as to whether the person had capacity for carrying out their own care and what they would require assistance with. It also looked at the person's ability to give consent and express choices independently. Staff we spoke with had a good level of knowledge on the Mental Capacity Act 2005. People told us that staff asked for consent prior to carrying out tasks. One person told us, "They [staff] always ask for my consent". A staff member told us, "I ask first as it is right and respectful to do so".

People told us that they received assistance to prepare meals and one person told us, "At lunch they come and do a microwave meal for me. At tea time they do a sandwich, but I choose what I want, it's enough for

me". A relative told us, "I think they [staff] encourage people to be healthy, but [person's name] only wants a light meal at their age, which the staff do, no problem". People told us that they received an adequate amount of drinks, with one person saying, "They [staff] always leave me a drink for later and make one for me when they come".

Staff told us that they didn't have a great deal of involvement in people's on-going health needs, however as part of maintaining people's long term health within their own home, staff made themselves aware of specific requirements, such as observing skin viability, turning people and sitting them in specific positions. People we spoke with felt that if they were poorly staff would call the doctor to assist them.

Good

Is the service caring?

Our findings

People told us that they felt that staff were kind and caring. One person said, "I am very happy. They [staff] never rush and always find time to chat to me". A second person said, "The staff give me as much time as they can and always ask before they go if there is anything else I need". A relative told us, "When I was unable to care for my relative and we needed to get help in they [staff] were excellent and sorted everything out. I have no issues at all".

People told us that they felt listened to by staff and one person said, "[Administration Officers name] came to visit the other day and stayed for an hour talking to me and listening to what I had to say. It was so lovely". A second person said, "The staff listen and come across as genuinely caring". A staff member told us, "I always listen to people, I like to know their opinion".

People said that they made their own choices, with one person saying, "I tell them how I want my cream applied, they are very gentle". A relative told us, "[Person's name] tells the staff what they want to eat and they will make sure they get it". A staff member told us, "If people are able to make their own independent choices this is encouraged". People we spoke with reinforced this. A staff member shared, "People are living in their own homes, so we don't change the way they live, we just enhance it".

People told us that staff respected them and promoted their dignity, with one person saying, "They [staff] wash and shower me and are so caring and careful in what they do. They keep my dignity at all times". A relative told us, "Although I live with my relative there are some things that I don't like to do, so the staff always help us and do it with dignity. They are first class. A staff member told us, "I try to keep people's dignity, we are visitors into their home, so it is only expected".

Although nobody was accessing any advocacy services through the provider, the registered manager told us that they would be able to signpost people to services where they required them and that staff would report back any concerns, where they felt additional help might be needed.

All of the relatives that we spoke with told us of their positive relationships with the staff and that they were very satisfied with the level of communication between them and the caring manner in which they were dealt with. One example given was that if a last minute call was required this would be arranged and people found staff very, "accommodating".

Good

Is the service responsive?

Our findings

At the last inspection we found that complaints were not always acted upon effectively, however during this inspection people told us they knew what action to take if they wanted to raise a concern or a complaint and that it would be dealt with. One person told us, "I haven't had to complain, but if I have a slight niggle about something then the manager is so courteous, he always responds". We saw that the service had not received any formal complaints since the last inspection, however one minor complaint linked to accidental damage within the home had been investigated appropriately, with the person receiving a response. People we spoke with told us that they understood the complaints procedure.

People told us that they had been involved in discussions to develop their care plans. One person told us, "It is my choice that my relative does my plan for me, but I do have input into what I need. The manager talks to my relative about what care is best and I get to agree it" . A relative told us, "I do [person's names] care plan with them. If I need to add anything it is never a problem. The staff are very responsive to anything that needs changing". A staff member told us, "Some people like to be involved, others prefer relatives to speak for them, but the end result is always checked by the person and it is right for them".

We found that care plans looked at the support that people required and the best way that staff should support them, this included; mobility needs, personal care, medicines and health, communication needs and religious or cultural needs. Information was also recorded in relation to the person's background and history, social needs and friends and family involved in their care. We saw that pre-admission information was available and this had been used to develop the care plan. Staff were able to discuss with us people's care needs and they were able to relate the care that they provided to the content of the care plan. We found that care plans were reviewed and updated in a timely manner.

Preferences were considered within the care plan and people's likes and dislikes were noted. People told us that if they had a preference for a specific gender of carer or would like to choose which staff member supported them, this was considered and actioned where possible by the registered manager. People were also asked for their preferred name and how they wished for the staff to enter the property. The care plan looked at cultural and religious requirements and we saw that within a review a relative had requested a carer who spoke English, as the language barrier was causing some difficulty. The relative was able to tell us that their request had been carried out. We saw that the recruitment process asked on the application form for the prospective employees proficiency in languages and the registered manager told us that staff were available who could assist with most languages requested. A staff member told us, "There is no problem with speaking to clients. They are all English, but if we took on others I speak Hindu, Panjabi, Urdu and of course English"

Not everyone we spoke with was able to recall any formal feedback being taken from them, but some people said that they had spoken with staff generally about their care. We saw recordings that showed that questionnaires had been sent out to people and telephone interviews had been conducted and that the responses returned had been positive. Feedback on replies had not been given to people, but the registered manager informed us that this was due to be carried out on a quarterly basis and would be done in a

newsletter format.

Good

Is the service well-led?

Our findings

At our last inspection we found that people and relatives had concerns about the management of the service. This had been improved upon and at this inspection people and staff spoke about how well the service was led and managed. One person told us, "They [staff] always answer the phone if I need to call them on anything, they [registered manager] run the place so well". A second person said, "[Registered managers name and administration officer's name] come to see us to discuss things, They are very good in my opinion". A staff member said, "Friends had told me it was a difficult career to join, but I have been so welcomed and supported and I really love giving care to people. I am really happy with the management".

The previous inspection had also raised concerns about the frequency of quality assurance checks. We found that significant improvements had been made, however the registered manager told us that it was still, "A work in progress". Some of the records we reviewed during our inspection varied in the level of detail and analysis. Audits were not always carried out regularly or comprehensively. This meant that the effectiveness of the quality assurance of the service was inconsistent; however the registered manager showed us plans to develop the quality assurance of the service further over the coming weeks. A new addition to the way in which the service was audited had been the implementation of spot checks carried out by senior staff to see if the care being given was appropriate. Staff were able to discuss spot checks with us and records showed that these focussed on issues such as, whether staff arrived on time and did they carry out care in accordance with the care plan? Outcomes for such checks had been positive. Regular assessments of competence in all areas of care were also undertaken, again with positive outcomes.

The service had previously breached regulations by not providing us with notifications of incidents that compromised the well-being of people who used the service. We found that notifications of incidents were now sent to us as required, which enabled us to see how staff responded to incidents or concerns.

People shared that they were happy with the care provided, giving us comments such as, "I am more than happy with the service I receive" and, "I am very happy with the care, yes all of the staff are excellent". Staff members told us that they were happy in their role and made comments such as, "I have been with them a while now. I was with another company before but this one is good" and, "I love my job it is so rewarding". "Crestar is a good service, we have a good working relationship".
We saw that regular team meetings took place and that minutes from each meeting were recorded. Staff members confirmed this and told us that they had an opportunity to put across thoughts and ideas, which the registered manager was receptive to. One staff member told us, "Staff meetings are monthly, but we all have an app on our phones to talk in a group chat if we need to. It's called the Crestar Healthcare app. The communication here is very good". We found that where staff had concerns about work related issues these were dealt with immediately, effectively and sensitively by the registered manager.

A whistle blower is a person who tells someone in authority about wrong-doing they witness. Staff told us that they felt supported to whistle blow. They told us that should they witness any practice carried out by colleagues that they felt was unacceptable and didn't feel confident that it would be dealt with by management they would contact CQC and the appropriate external agencies.