

Crystalize Care Services Ltd

6 Celtic Farm Road

Inspection report

Rainham Library
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Rainham
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Date of inspection visit:
12 March 2019

Date of publication:
16 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

6 Celtic Farm Road provides personal care to people who live in their own homes. The service's office is based in Rainham, Havering, London. Care is provided in the London borough of Havering.

- At the time of our inspection, three people used the service and there were four staff.

People's experience of using this service:

- People received care and support that met their needs. People and their relatives told us staff assessed their needs and developed care plans before they started using the service.
- Staff attended adult safeguarding training and knew how to report any concerns of abuse.
- Risk assessments were completed for each person. These identified potential risks to people and provided guidance to staff on how to manage them.
- Staff promoted people's privacy, dignity and independence. Staff had good understanding of equality and diversity.
- There were enough staff to provide care and meet people's needs.
- Staff employed at the service were properly checked and were provided with induction, training, supervision and support to care for people effectively.
- Where people needed support with medicines, this was managed well.
- Staff knew how to reduce the risk of infections. They had access to personal protective equipment such as gloves, shoe covers and aprons.
- Staff knew how to help people access emergency medical services, when needed.
- Where required, staff supported people with meals that met their dietary preferences.
- There was good management system in place. The registered manager was supported by the provider, who also worked full time at the service.
- The registered manager had developed effective systems to assess and monitor the quality of the service.
- Staff continuously asked people and relatives what they thought about the service. The registered manager had developed survey questionnaires to be used as part of a formal quality assurance system.
- The service worked with care professionals to plan and deliver an effective service.

Rating at last inspection:

- This was the first inspection of the service. The service was registered on 12 March 2018.

Why we inspected:

- This was a planned inspection based on the registration of the service. We found the service met the characteristics of Good in all areas.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Further inspections will be planned for future dates.

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

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 safe.

Details are in our Safe findings below.

Good 

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 responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our Well-Led findings below.

Good 

6 Celtic Farm Road

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

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

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

Notice of inspection:

Our inspection was announced. This means we gave the service 48 hours' notice of the inspection visit because staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked feedback we received from members of the public and local authorities.
- We asked the service to complete a 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.
- During the inspection, we spoke with one person using the service and a relative of another person. We spoke with one care staff, the registered manager and the nominated individual. The registered manager

and the nominated individual also worked as care workers.

- We reviewed two people's care records, two staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

Safe - this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- There were systems and processes in place to ensure people were safeguarded from abuse.
- People told us they felt safe and this was confirmed by their relatives. One person said, "My carer makes sure I am safe, I trust my carer. [my carer] makes sure my home is secure."
- A relative told us, "Yes, I feel [person] is safe. The staff are good. I am happy."
- Staff were knowledgeable about the types of abuse and the actions they should take if they had any concerns about people's safety. They understood how to raise concerns about real or potential abuse in the service with relevant external agencies if they needed to.
- Staff had received training on safeguarding adults. The provider's safeguarding and whistleblowing policies provided detailed information and guidance for staff and included contact details of relevant agencies.

Assessing risk, safety monitoring and management:

- Risks assessments were in place for each person using the service, were regularly reviewed and included the actions staff needed to take to keep people safe.
- Risk assessments included risks associated with people's health conditions and their home environment.
- We found that risk assessments were combined with care plans as one document. The registered manager told us they would develop a separate risk assessment section to ensure people's files were much easier for staff to use.
- Staff demonstrated they had good knowledge of the potential risks for each person. They were able to explain potential risks to people and how they could manage them. These were reflected in people's risk assessments.

Staffing and recruitment:

- The provider had processes in place, which ensured there were always sufficient staff available, with the required skills and knowledge, to meet people's needs. A person told us, "I think [the service] has enough staff. They always come on time."
- Staff had been recruited safely. Checks had been completed before staff started working in the service.
- These included asking for a full employment history, including evidence of any gaps, proof of identify, references and obtaining a criminal history check from the Disclosure and Barring Service (DBS). This ensured that staff properly checked and were safe to support people.

Using medicines safely:

- People told us they received their medicines safely and as prescribed.
- One person told us, "[Staff] give me my tablets."
- Care plans included the level of support people needed to take their medicines. For example, records showed and staff told us that one person needed support with their medicines during weekdays only. We

noted the person had other support arrangements during the weekends, which was reflected on their care plans.

- We checked medicine administration records (MAR) and noted that they were accurate. The registered manager completed regular audits of medicines to ensure medicines were safely administered and recorded.
- Staff told us they had received training in how to administer medicines and this was confirmed in the training records we reviewed.

Preventing and controlling infection:

- Staff understood how to protect people by the prevention and control of infection. Staff comments included, "[I] wash my hands, [I] had infection control training, [I] use gloves and aprons when supporting people with personal care."
- We saw there were stocks of protective equipment, such as gloves, shoe covers and aprons in the office.

Learning lessons when things go wrong:

- The provider had systems and processes in place to support with effective reporting, recording and analysis of incidents and accidents within the service.
- The provider was committed to learning from incidents, accidents, complaints and feedback from people and relatives. For example, the provider told us that staff were advised to regularly check equipment people used were safe and suitable to meet their needs.

Is the service effective?

Our findings

Effective - this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed and reviewed. Assessments of people's needs were comprehensive, expected outcomes were identified and these were used to develop people's care plans. A relative told us, "The assessment was detailed, it was long and covered the needs of [person using the service]."
- Equality and diversity was considered in the assessment of needs. For example, people's religious, cultural needs and lifestyle choices had been discussed and included in people's care plans. This ensured staff were aware of people's needs and were able to protect them from discrimination.

Staff support: induction, training, skills and experience:

- People and relatives felt staff were well trained. One person told us, "Yes, [staff] have all the skills and training they need to look after me." A relative said, "[Staff] are trained and know what they are doing." Staff had received appropriate training to enable them to meet people's needs. Staff we spoke with were competent, knowledgeable and skilled. They described a range of training, which they had completed before they began to support people. Staff valued their training and told us it helped them improve the quality of the care they provided.
- Staff told us they received an induction into the service before being able to work independently. A member of staff told us, "Yes, I had induction. I also shadowed experienced staff." Records confirmed staff had completed the service's induction programme.
- Training records showed staff were supported to complete a wide range of training, including training in specific health conditions where required.
- Staff told us they felt supported by the registered manager, received regular supervision and feedback about their performance. Records confirmed staff received regular supervision.

Supporting people to eat and drink enough with choice in a balanced diet:

- Where required, staff supported people with meals and drinks. Care plans contained information about people's preferences and support arrangements for their meals.

Staff working with other agencies to provide consistent, effective, timely care:

- People had access to healthcare services they required and staff were able to respond to changes in people's health and well-being. A relative told us, "[Staff] kept them informed of changes in people's health and sought medical help when needed."
- The registered manager liaised with health and social care professionals in ensuring people had access to the healthcare they needed, and in providing advice to relatives. This helped to support people to maintain their health and well-being.

Adapting service, design, decoration to meet people's needs:

- People's mobility needs and their environment were assessed to ensure people had suitable equipment and the care provided was safe.
- Where people's needs had changed, staff had liaised with relatives, health and social care professionals to ensure adaptations were made to the environment and equipment to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support:

- People's health needs and contact details of health services such as GPs were recorded in their files. Staff knew who to contact if they were concerned about people's health.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff had knowledge of what to do if they were concerned someone they supported may lack capacity to decide about an issue. They knew that decisions that needed to be made in people's best interest should be undertaken with the involvement people's relatives, and healthcare and social care professionals.
- Staff told us that they always asked people for consent and gave them choices when supporting them with personal care. People confirmed that they were involved in decisions about their care.

Is the service caring?

Our findings

Caring - this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Ensuring people are well treated and supported; equality and diversity:

- People and relatives provided positive feedback about staff and the service. For example, a person commented, "The staff are lovely, they look after everything. Nothing is too much trouble for the staff or [registered manager]."
- Staff spoke about people with kindness and compassion. Staff knew people's needs and were able to describe how they provided appropriate care to make them comfortable.
- Care plans included details of people's wishes, preferences and guidance for staff on how to meet people's needs. Staff were knowledgeable of these and were able to provide personalised care.
- We noted staff were kind, compassionate and reassuring when they rang and spoke with people to ask their permission if they could speak with us.
- The registered manager ensured that staff had a good awareness and understanding of equality and diversity, which helped to reduce the risk of discrimination. Staff told us they did not discriminate people because of differences such as disability, age, religion, sex, and sexuality.

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

- People and relatives felt involved in their care. For example, one person told us, "I talk to staff and make changes to visit times to suit me. I am happy."
- Care plans showed people were involved and consulted about how they wanted their care to be provided.
- Staff ensured they involved relatives where people were unable to make decisions regarding their care and support. A relative told us, "[Staff] keep me up-to-date with [me relative's care]; yes, I am involved in [my relative's care]."
- The registered manager knew that, where needed, advocates or representatives could be used to support people and ensure their views were listened to. We noted one person had a representative who provided independent support when and as needed.
- Staff communicated well with people. Relatives told us there was good communication between staff and people.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us staff protected people's right to receive care and support in a dignified manner. One person said, "Staff are respectful. They listen to me."
- Staff were committed to protecting people's privacy. A member of staff explained how they ensured people's privacy by closing a door or drawing a curtain when, for example, supporting people with personal care.
- People were supported to do as much as possible for themselves. Care plans included details of areas where people needed and did not need support with. Staff told us they encouraged people to do as much as possible by themselves.

Is the service responsive?

Our findings

Responsive - this means that service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and relatives felt staff provided personalised care. One person told us, "Staff come to support me when I want them." A relative said, "Staff asked many questions when they completed initial assessment to know more about [person] and to provide [personalised care]."
- Care plans included details of people's social, physical, emotional, medical needs and included people's preferences and contact details of their relatives. This ensured that staff had the right information to be able to provide personalised care.
- People received care from consistent staff who knew them well. People told us they were supported by the same staff, which ensured continuity of care.
- Staff responded to changes in people's needs. The registered manager told us that when people's needs changed, for example, if they needed longer staff time than originally planned or when two staff were required to support them, they reviewed people's needs with people and their representatives. This helped to ensure people received the right amount of care and support they needed.

Improving care quality in response to complaints or concerns:

- The provider had procedures, which outlined an approach to dealing with complaints. The registered manager saw complaints and concerns as an opportunity to review and improve the service. The service had not received any complaints since they registered with the CQC.
- People and relatives knew how to raise concerns and complaints and had confidence these would be dealt with in a professional manner.
- Staff knew the provider's complaints procedure and how to manage complaints.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) but had yet to develop a framework detailing how they complied with this. The AIS makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand the information they are given.
- Care plans documented how people communicated and received information. The registered manager told us they would always ensure that staff had the skills and knowledge to communicate effectively with people who needed specific communication methods.

- People and their relatives told us that staff communicated well with them.

End of life care and support:

- Staff had good knowledge of the policies and procedures they needed to follow to support people who required end of life care and support.
- There were no people using the service who required this level of support at the time of our inspection
- The registered manager told us that they were organising end of life care training for all staff.

Is the service well-led?

Our findings

Well-Led - this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There was a culture of detailed assessment of needs and promotion of independence and person-centred care.
- People and relatives made positive comments about the management. One person said, "I think the management is good. I had no problems [with the management]." A relative told us, "The service is well managed."
- There was an open and transparent culture within the service. Staff told us they wouldn't hesitate to approach the manager if they had a concern or query.
- The registered manager understood the responsibilities of their role including reporting notifiable incidents to CQC and answering all our questions during this inspection.

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

- The management structure was clear. The registered manager was responsible for the day-to-day management of the service. The provider and a senior member of staff provided additional management support, for example, by being available on telephone for on call support.
- Staff told us they felt listened to by the registered manager. They were clear about their roles and responsibilities.
- Spot checks of staff delivering care covered a range of areas, including staff competency, punctuality, infection control and health and safety.
- The registered manager had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the registered manager told us they had made an agreement with another agency to cover events, which could prevent normal provision of service.

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

- The registered manager started providing care to people in December 2018, and had yet to implement a formal quality assurance system through survey questionnaires.
- However, people and relatives were supported to share their views about their care and the service through regular direct contact with staff and through telephone monitoring calls. Records confirmed that telephone monitoring calls had taken place. These ensured that people were able to comment on how they felt about aspects of their care.
- Staff were able to be involved in decisions about the service and were provided with information during

staff meetings. The meetings were also used to discuss updates in policies, procedures and best practice.

Continuous learning and improving care:

- The provider was committed to improving care where possible. They told us their vision was, "To give bespoke care to each of our service users." They said they would use people's feedback as a continuous learning tool to improve the service.

Working in partnership with others:

- The provider informed us they worked closely with care professionals to develop the service and this was confirmed in care records we reviewed.
- The provider attended meetings and liaised with social workers to identify areas for further improvement of the service.