

Crystal Care Home Care 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Crystal Care is a service which delivers personal care to people in their own homes. At the time of our inspection, 100 people were using the service. The service supports older people and people with more complex and specialist support needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt the service provided safe care. Staff at the service were conscientious, well trained and professional. Infection risks were minimised by good hygiene practice. Staff supported people to take their medicines and followed clear policies around the care they provided.

People were encouraged to remain independent within their own home and family members were involved in decisions about care. People were supported to eat and drink safely and were encouraged to make their own decisions around daily care. Healthcare professionals we spoke to spoke highly of the service. A healthcare professional told us, Crystal Care had "good outcomes for some very vulnerable patients."

Staff were caring. People were quick to tell us that staff cared about them and were polite and friendly. People told us, "The care I get is excellent." And "They make time to chat. Always ask if I'm ok and double check if I need anything else doing." Relatives were also happy to praise staff who worked happily and took time to talk and ensure that everything was done to people's satisfaction.

People received personalised care plans, which were reviewed regularly. Complaints about the service were few, but when received the deputy manager dealt with them promptly. Continuous supervision by senior staff ensured people received good care. A relative told us, "If I had any worries I wouldn't be using them, so I'm happy to be totally honest."

The service did not have a registered manager. The provider worked with the deputy manager to support staff and ensure care was received by people in a timely manner. Staff worked well with other healthcare providers to ensure good care for people. Audits and checks were carried out by senior staff to ensure continual improvements to the service.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 29 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crystal care Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

# Crystal Care Home Care Limited

## **Detailed findings**

### Background to this inspection

#### The 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 Care Act 2014.

#### Inspection team

The inspection team consisted of 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.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service did not have 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

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with seven members of staff including the provider, deputy manager, office staff and care workers. We spoke to nine people who used the service and their relatives. We reviewed a range of records. This included five people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We reviewed information sent to us by care professionals.

# 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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People are protected from harm. Staff were trained in safeguarding, understood its importance and followed clear guidelines set out by the service. Staff told us they received frequent training in safeguarding and said, "It's drilled into us." And another said, "They are really good here, anything I need to bring up, I know they'd treat it 100% serious."

Assessing risk, safety monitoring and management

- Staff and people using the service were kept safe as risk assessments were carried out for each person who used the service. Staff told us "Risk assessments are done at the first visit, with senior staff. The same assessments are done for every house, e.g. fire alarms, home, lighting, pets, paths. Specific risks are also recorded if necessary e.g. smoker or diabetic, because needles might be around."
- People were kept safe. We saw clear risk assessments in the care plans, and staff told us they read, understood and followed them. A staff member told us, "I look at care plans quite a bit, I like to see what others have written down. I read them weekly to refresh my mind." Staff carried handbooks which they could refer to if they needed reminding about how to manage a situation.
- A relative told us they felt the staff were safe, "When my wife collapsed, straight away they sorted an ambulance and the carer waited until she was safe."
- Staff had training in managing situations where people may have behaviours that challenged. People had the freedom to make choices in their own care but where necessary staff would try to ensure care was carried out in line with the care plan. Staff told us "People change from day to day, we don't force people to wash for example, but we might try to convince them."
- The provider ensured that no concerns raised to the office by staff or people who used the service were left until the next day. Issues were dealt with promptly and any patterns in issues or errors were looked into to prevent avoidable risk.

Staffing and recruitment

- Staff were recruited safely using clear recruitment policies. Staff were trained before starting work and were assessed via supervision by senior staff before working alone. Staff told us "We have online courses, we have to do them. When I first started, the supervision meant it was gone over with me."
- Initial assessments by senior staff were used to determine the staffing needs of the person. Visits were by one or two staff members as needed and the length of the visit varied as required. Staff rotas were organised by office staff. People told us they were happy with the visit times. One person said, "If they will be delayed they give me a quick ring. They stay the whole half hour."

### Using medicines safely

- Clear medicine policies were in place and staff were trained in administering medicines. Training was online and staff also came into the office for refresher training. People told us they felt safe and staff acted on their needs. A relative told us "If she runs short of medication the carers flag that up to remind us." A person told us, "They are well trained. They know how to do things. I never have to tell them, they do my cream, they just do it."
- Staff told us they felt confident to administer and supervise medication. "You double check it's right before you give the dose, then record. We supervise dosette boxes too." Dosette boxes have multiple compartments divided by time and date to help organise medicines. Staff were clear on how to react to any errors, "We call in any errors straight away, and wait for info for the office."

### Preventing and controlling infection

- People were protected from the risk of infection. Staff were clear about their responsibilities around infection control. They told us, "We wear personal protective equipment, we have gloves, aprons, masks if we want them. We can always pop into the office if we are running low."
- Staff knew that hand hygiene was an essential part of safe care. They said, "Infection control? Handwashing, gloves, in each client's house there are nappy sacks etc and we put gloves etc in the bags. I always carry hand gel as well."

### Learning lessons when things go wrong

- Staff were clear that they could call the office about any issue and office staff would record them. We saw the complaints procedures and outcomes recorded on the computer system. The deputy manager followed up on complaints to ensure people were happy with the outcome.
- The service had not had any serious complaints or issues but had procedures in place to spot trends that could be acted on. Staff told us, "We have record books in the clients houses and we ring on call to get it recorded in the office too. Family have access to the record books."



# 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 Good. At this inspection this key question has remained the same.

This meant 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 care was planned around their specific needs following best practice. Policies and procedures were followed to ensure every person using the service was assessed fully and in the same format. This standard method ensured all needs and choices were included in the care assessment, and every person was treated fairly.
- Some people who used the service had more complex needs such as catheter or stoma care, or PEG (Percutaneous endoscopic gastrostomy) feeding. People's care plans included reference to these needs and there were risk assessments in place. Staff caring for people with complex needs had the correct training and had been assessed as competent in their care. Staff understood the care plans and checked them regularly.

Staff support: induction, training, skills and experience

- People's needs were met by appropriately trained staff who had clear induction training and were supported on their first visits by management or senior staff. Staff were able to access extra training when necessary for people's more complex care needs. A staff member told us, "There's lots of training to do, I wasn't thrown in at the deep end. I felt safe to go out on my own. The office staff were very good, I could shadow [other staff] for a few more weeks and have more training until I felt ready."
- Staff training was regularly updated. Most training was completed online, with some specific training being conducted face to face, for example manual handling. Staff training records were kept up to date and staff were reminded to complete training when it was due.

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

- People were supported to eat and drink when required. Not everyone who used the service required support but when it was needed staff were clear on how to assist people. A member of staff told us, "We can check choking and swallowing issues [in the care plan]." People were encouraged to make their own food choices. A staff member told us "I ask people what they want to eat, I always ask what people want for breakfast, after all they are the ones eating it."
- We saw a 'Safe feeding with dignity' policy, which contained clear advice not to rush people. People told us this policy was followed as they always had the time they needed to eat
- Staff were told to ensure people had access to drinks at all times, by leaving cold drinks near to people when they left. Staff were given advice about looking at urine colour to check for dehydration. Staff encouraged people to remain hydrated, especially during warm weather, a person told us "They tell me to

drink properly."

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

- People were supported to receive care from other services as necessary, such as doctors and district nurses. Staff assisted people to go out to appointments, as the deputy manager recognised remaining independent was important for people. They told us "We support people, to go into the community if they can. To go to the GP etc, rather than things coming to them."
- People were supported during hospital discharge processes where staff from the service worked with hospital staff to ensure people had a successful return home.
- Staff worked with other care agencies when required. A healthcare professional told us, "I have complete confidence in their support, I am very aware they are focused on patient care and are all well trained with manual handling and all aspects of patient safety, they raise concerns very promptly."

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 provider, deputy manager and staff understood the principles of the MCA and knew how to put them into practice. Staff told us, "I have a little chat with people, ask how people like things done." People's relatives told us people were encouraged to make their own choices, they said "Staff encourage [my relative] to wash, but she doesn't always do it, she's very independent."
- Staff job descriptions focussed on the job purpose "To promote independence and provide a quality home care service to clients within the community" and staff followed this in their day to day routines. People told us staff were polite and friendly and asked them before carrying out any care.

# 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 Good. At this inspection this key question has remained the same.

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 well treated and felt supported. They told us "Staff are friendly, I'm really happy with Crystal Care" and relatives said, "Staff are polite and pleasant, friendly. It's a positive review from me."
- People were treated respectfully by staff. Staff understood the benefits of, respecting equality and diversity. When asked about the care a relative told us, "Marks out of 100? 110! they are excellent, my wife loves all of them."

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

- People were able to make decisions about their own care and these were respected. People could choose to have only female or only male carers if they wished.
- People told us that staff were polite and did what they asked them to do during the visits. Staff did not rush people. A person told us "They make time to chat. They always ask if I'm ok and double check if I need anything else doing."
- The provider or deputy manager visited people to review their care plan and ensure care continued at a high standard. A person told us, "The manager comes out to see if everything is OK." And another person told us the provider visited, "When I first came home, then again in January to check up on me and the carer."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff ensured doors and windows were closed or covered and people were kept covered as much as possible while having personal care.
- People told us their privacy was respected and said, "I never feel embarrassed, now I know them, they always ask if I want to get dressed in the shower or the bedroom, they put a big towel round me and keep me covered."
- People were encouraged to do what they could for themselves and staff chatted to people. Staff told us, "We don't talk about the things we are doing, if they are embarrassed we talk about other things to make it seem normal, we let people know we do things a lot so it's no problem."

# 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 Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People were cared for in ways specific for them. The manager spoke to people when they first began using the service to create a personalised care plan. Other health care professionals were also included in the planning when needed. For example, when a person had just left hospital.
- People and their families were encouraged to take part in the planning of the care and were confident that staff organised the care well. A person told us, "I help [with the care plan] where I can. But it's their job really."
- Staff followed people's preferences and recorded what took place during a visit so other staff could continue the care appropriately. A relative told us, "She likes to do her own thing, there's a log so it's all recorded."

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.

- The deputy manager and staff understood their responsibilities to follow the AIS. Staff were keen to ensure that people could communicate easily with the service. People were encouraged to feedback via surveys either on paper or online, a person told us, "I'm not very good with surveys so they phone me and ask the questions."
- The provider told us that currently they did not provide care for anyone that needed specific information formats but that if they did in the future it would not be a problem and they had access to pictures for communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided help with daily living as well as personal care. This included shopping for people or helping them to keep in touch with family.
- People told us that staying at home was important to them as in many cases they remained close to friends and family, a person said, "I wouldn't go into a home, having people that come means I can stay at

home."

- Staff were able to support families to remain together in the home. The kind relaxed manner of the staff reassured people. A relative told us, "She's relaxed when someone comes, it's easier for me, they come and go upstairs and I know that's that, she's happy, she laughs with them. They chat to me too. They are reassuring. They bring her into the conversation, she's more relaxed with them."

#### Improving care quality in response to complaints or concerns

- People had very few complaints about the care provided. When people had complaints, they were confident to call the deputy manager to speak to them directly and they told us this. The deputy manager and staff were quick to respond to complaints and people were contacted regularly to check they were happy with the service. For example, where a complaint was received about a person being repositioned in bed, a meeting was arranged to discuss this with the person and their relative.
- In the responses to the most recent survey sent to people, a person had said, "No complaints whatsoever, very happy with the service."
- Staff were happy to raise any issues with the provider or deputy manager and knew concerns would be taken seriously. Staff told us, "The manager is really easy to talk to."

#### End of life care and support

- The service provided end of life care when necessary but at the time of the inspection they were not supporting anyone at end of life. Staff were trained in the use of medicines including those used in end of life care. Only staff with extra training, for example those with extra manual handling training, were used to support people at end of life. Staff were kept up to date with clear communication to and from the office. Communication with the family was seen as paramount to care at this time.
- Information about resuscitation wishes was kept at each person's home. With copies kept in the office, to ensure their accessibility at all times
- The service had relevant contact details to ensure relatives were contacted immediately if someone passed away.

# 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 Good. At this inspection this key question had deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

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

- At the time of the inspection the service had been without a manager registered with CQC for 12 months, however, the deputy manager was fulfilling the registered manager role. The experienced provider was mentoring the deputy manager, they worked as a team and staff were well supported. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the service's registration that a registered manager is in post, therefore, we have identified this as an area that needed improvement. Since the inspection the provider contacted us to tell us that a registered manager had been appointed for the service.
- The provider and deputy manager were aware of CQC requirements around notifications, and contacted CQC about incidents and changes to the service when necessary.
- Staff were clear about their roles and were trained to carry them out. Office staff organised rotas and took phone calls from people about care. They were able to adjust visit times as needed.
- Policies and procedures for aspects of care such as hygiene, oral health, and lifting were available to all staff and were clearly written and easy to understand. The provider carried out audits to check that care continued to follow policy, and twice-yearly surveys sent to people using the service ensured feedback was received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and the deputy manager got on well with staff and staff told us the service had a friendly and open culture. Care staff chatted daily with office staff. Both office staff and carers were well informed about the people they supported. Staff told us, "I get on well with the [deputy] manager, he's doing OK."
- People spoke highly of the service, the staff, and the care they received. People said the staff were friendly, professional and conscientious. A relative told us "Staff are very ok! I've not met one that's bad tempered, all act with kindness and discretion."
- Staff were able to attend meetings to discuss current issues. Staff told us they found these useful not only for learning but as a way to keep in touch with other members of the team they might not otherwise see very often.
- The provider or deputy manager were always available for staff to contact, including outside of normal business hours. At weekends the care and staffing levels remained the same as during the week.

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 acted on the duty of candour as required. The open culture of the service made this a natural thing for the deputy manager and staff to do.
- Policies were in place to inform staff, and families and people using the service were kept informed of any incidents or accidents.

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

- The provider maintained good links with local councils and with other healthcare services. A healthcare professional told us, "I work alongside many care agencies and Crystal Care would always be my preferred provider."
- Staff were happy to work with other agencies to ensure the best care for people. The local council placed people with the service due to its good reputation and people were happy with the service they received. A person told us, "Once the funding ran out and we had to self-fund I never bothered to see if there was anyone cheaper, we were happy with Crystal Care."
- Staff felt part of a strong and friendly team. They had been involved with a 'sleep out' to raise money for a dog's charity, and displayed posters on the wall of the office showing their charity work.

Continuous learning and improving care

- The deputy manager was keen to develop the care plan format. The current care plans were clear and full but as legislation and regulation continually change the deputy manager felt there was room for improvement.
- The provider and deputy manager carried out regular spot checks on staff, and monitored call logs to ensure that people were always receiving the best care.
- Accidents and incidents are recorded so that patterns can be spotted and policies changed to prevent future risk.
- The staff team had access to extra learning if it was needed.

Working in partnership with others

- The service has received positive feedback from NHS Continuing Health Care, especially about the end of life care provided. The provider maintains links to Princess Alice Hospice staff and community health teams.
- Staff worked with doctors and district nurses when necessary. Staff had links with local pharmacies and would assist people with contact with other health professionals as needed.