

Crystal Care Essex Limited

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## Inspection report

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21 April 2016

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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

The Inspection took place on 16 March 2016 and 4 and 21 April 2016 and was announced at short notice. We gave 48 hours' notice of the inspection because the service is small and we wanted to make sure that the registered manager/provider was in the office. Crystal Care (Essex) Limited is registered to provide personal care to young adults and older people some of whom might have dementia. There were 24 people using the service at the time of our inspection.

There was a registered manager in post. 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.

People received their care and support in a way that ensured their safety and welfare. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely. There were sufficient numbers of staff who had been safely recruited, were well trained and supported to meet people's assessed needs. Where required, people received appropriate help to take their medication safely and as prescribed.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process.

Where required, people were supported to have sufficient amounts to eat and drink to meet their individual needs. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

People's care needs had been assessed and their care plans provided staff with the information needed to meet their needs and to care for them safely. Staff were kind, caring and understanding and knew the people they cared for well. They ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and advocacy services were available if needed.

People were confident that their concerns or complaints would be listened to and acted upon. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

## 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.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People were supported to take their prescribed medication safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for by well trained and supported staff. The registered manager/provider and staff had a good knowledge of the Mental Capacity Act (2005).

Where required, people were supported to have sufficient food and drink and they experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were treated respectfully by staff who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

### Is the service responsive?

Good ●

The service was responsive.

The assessment and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with

appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

# Crystal Care Essex Limited

## **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 inspection took place on 16 March 2016, 4 and 21 April 2016. It was announced at short notice to ensure that the registered manager was available. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with seven people, three relatives, the registered manager, the office manager and six staff. We reviewed four people's care files and three staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

# Is the service safe?

## Our findings

People were protected from the risk of abuse. They told us that they felt safe with their care workers, and believed them to be trustworthy individuals. One person said, "I've had no reason to ever mistrust any of them [staff], I feel well looked after." Staff had been trained in safeguarding procedures and demonstrated a good understanding of how to use them to keep people safe. One staff member said, "If I witnessed anything I would make sure the person was safe and report it to the office. If they did not take quick action I would notify CQC and the local authority." There was a written policy and procedure for safeguarding people available in the agency's office for staff to refer to if necessary. Risks to people's health and safety were well managed. Staff had received training in first aid and fire safety. People had risk assessments together with management plans for all areas of risk such as for their mobility, skincare and nutrition. Staff had a good knowledge of people's identified risks and how to manage them.

There were sufficient staff to meet people's assessed needs. People told us that staff were generally reliable; however some people said that their call times varied. One person said, "My morning call can sometimes vary in time between 8.30am and 10.15am. I have got used to it now but I would like them [staff] to be more punctual." Another person said, "If a member of staff doesn't turn up for work, it throws the system." A relative told us, "Although they [staff] do not always come on time it is the nature of the work, so I don't think it's possible to call at an exact time." We discussed this with the registered manager/provider who told us that there was a half an hour window either side of the required call time and that when possible the agency phoned the person to let them know if they were going to be extra late due to traffic or issues at a previous call. The registered manager/provider said they were developing a system for better communication between the agency and people using the service because they had identified that there had been 16 late calls (outside the half hour window) made over the past three months. People told us that they had never experienced a missed call and that staff always turned up to provide their care.

There were robust recruitment processes in place to ensure that people were supported by suitable staff. The registered manager/provider had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.

People told us that they managed their own medication with the support of their relatives and staff. They said that staff prompted and reminded them to take it when they visited. Where staff helped people with their eye drops and creams they recorded this on the medication administration record appropriately and to a good standard. There were policies and procedures in place for medication and staff had been trained and had a good knowledge about medication awareness.

# Is the service effective?

## Our findings

People were cared for by staff who felt supported and valued. Staff told us, and the records confirmed that the induction process was good. Staff had received supervision and felt well supported by the registered manager/provider. One staff member said, "I love this job. The office staff are so supportive and there is always someone on call if I need advice out of hours." Another staff member said, "I have worked for other agencies but I find this is the most supportive to us workers. The people in the office are marvellous, they are very knowledgeable and help in any way they can when I ask for it."

Staff had the knowledge and skills to care for people effectively. People told us that, in their opinion, staff were well-trained and able to provide care in a professional appropriate manner. One person said, "I couldn't comment on how much training they have, but I always feel they [staff] know what they are doing. I never worry about that." A relative told us, "I think that staff understand my relative's needs well, and how to best look after them." Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role which had been regularly updated to refresh their knowledge.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been trained in MCA and they had a good understanding of how to support people in making decisions. One staff member said, "People are assumed to have capacity, and where it is found that they don't, any decisions must be made in their best interests." People told us that staff always asked for their consent when offering them care and support. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People told us that either they or their relatives provided their meals. However one person told us, "Most of the time I have had my breakfast when they [staff] come but if they come early they may help me with my breakfast. They would always do it for me if I needed it on a bad day." The registered manager told us that where people were at risk of not receiving sufficient food and drinks they would carry out a nutritional assessment. They said that where it was necessary people's dietary intake would be monitored and recorded to ensure that their nutritional intake kept them healthy.

People, with help from their relatives, generally ensured that their healthcare needs were met. Relatives told us that staff were quick to respond when people needed healthcare. One relative said, "They [staff] will notice if my relative's catheter is blocked or if their wheezing worsens. They will discuss it with us and we decide together if we need the district nurse or to call the GP." People told us, and the records confirmed

that the service was quick to respond to healthcare matters. For example, staff had reported a person's health issues to the office at 12.15pm one day and they had requested a home visit from the GP by 12.30pm the same day. Other health related issues had been dealt with swiftly to ensure that people remained as healthy as possible.

## Is the service caring?

### Our findings

People told us that the registered manager/provider and staff were kind and compassionate and well suited to their role. They said that staff treated them, their home and their possessions in a respectful manner and that they were always polite. One person said, "I think the staff are excellent, they are very caring and good at what they do." Staff knew the people they cared for well and had built up positive caring relationships with them and they talked about them in a kind, caring and respectful way. A relative said, "They [staff] are very good to my relative, they are very understanding towards them. I really value them coming in as I could not manage without them."

People were treated with dignity and respect. They told us that they never felt rushed by staff and that they were always treated respectfully. One person said, "The staff that I have are all very nice and caring. They don't rush me and they treat me and my home with respect." A relative told us, "My relative's carers are very good and they treat them well all of the time." People told us that staff supported them to maintain their independence as much as they were able to. They said that staff made them feel important. One person said, "They [staff] always take the time to listen to what I have to say and they make me feel that I matter." Another person said, "They [staff] give me an excellent service. I have regular carers and they never rush me and give me the time I need."

People told us that they had been actively involved in making decisions about their care and support. They said that the registered manager/provider would regularly seek their views. One person said, "I am fully involved in my care plan and they [staff] will ask if it is still right for me." The care files contained good information about people's preferences to enable staff to care for people in a way that they preferred.

The service had information in the care plans about people's history such as their working life and family. However most of the people who used the service were able to speak up for themselves so were able to tell us about what they liked, did not like and how they preferred to be cared for. Staff knew the people they cared for well and people told us that they knew the staff quite well too. There was information about advocacy service in people's care files. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their individual needs. They received a full assessment of their needs before the service started. Their assessment of needs informed the care planning process. People told us that they had participated in their original assessment and that the service regularly checked to ensure that it continued to meet their needs. The care plans contained sufficient information to inform staff of how to care for people safely. One person said, "My care plan tells staff what I need help with and they write up what they have done at the end of each visit."

All of the care plans that we looked at had been regularly reviewed and updated to reflect people's changing needs. One person told us that they had regular reviews and that the service was very responsive. They said, "When I have an early hospital appointment the service have been flexible about the times that staff come. I just phone the office and they note it and it almost always works." However, one relative told us that their relative's care plan had not been reviewed to reflect changes to their needs for some time. They told us that they telephoned the office and it was immediately arranged for the office manager to attend and check the care plan. The office manager told us that although reviews had taken place and the care plan in the office was the most up to date copy for some reason the copy in the person's home had not been updated. They said that there was now an up to date copy in the person's home.

People told us that although they never had cause for complaint they knew how to complain and that they would tell the staff or the registered manager/provider if they had any problems. They said they felt their complaints would be listened to and dealt with appropriately. Minor complaints had been dealt with and recorded in the service's communication log for the individual concerned. There was a record of other complaints and compliments available for people to view. One person who gave the service a compliment said, "Excellent care and attention, more than just doing their job." There was a good complaints process in place which fully described how any complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

## Is the service well-led?

### Our findings

The registered manager is also the provider and they work in the service on a daily basis. They are also available at other times to support staff as they have an on-call mobile telephone. When they were not on-call it was manned by senior staff at all times. Staff told us that the registered manager/provider was approachable and that they felt supported. One staff member said, "[Name of registered manager] is a good leader, they are open and always look for ways to improve." Another staff member said, "I am very happy with the support I get, there is always someone on-call to give me advice at the weekends and in the evenings." The registered manager/provider had a good knowledge about the people they were caring for. People told us that they knew the management well and had faith in them.

The registered manager/provider had an open door policy where people, their relatives and staff could speak with them whenever they wanted to. People had confidence in them and they told us that they were approachable and supportive. Staff told us that they felt valued and they shared the registered manager/provider's vision for the service to provide person centred care that catered for people's physical, emotional and spiritual needs.

There were whistle blowing, safeguarding and complaints procedures in place and staff told us they were confident about implementing them. One staff member said, "If I had any concerns I would tell the office and I know they would take action. If they did not and it was a safeguarding issue I would contact the local authority or CQC directly to make sure that the person was safe."

People had been kept involved in the running of the service by means of quality questionnaires, spot check visits and telephone calls. All but one of the relatives we spoke with told us they were very happy with the service. One person said, "I have recommended the service to a friend of mine." Other people also told us that they would recommend the service to others. One relative said, "It's not perfect, but this agency is so much better than the previous ones we had."

There was an effective quality monitoring system in place. People's views had been regularly sought and their responses had been analysed and actions had been taken to address any shortfalls. Regular audits had taken place such as for health and safety, and medication care plans. The registered manager/provider told us, and the records confirmed that they had recently completed a quality assurance check and had taken action to address the issues identified. People told us that they were very happy with the quality of the service.

Staff meetings had taken place where a range of issues such as safeguarding people, medication and care practices had been discussed. Staff told us that they felt they could discuss matters openly with the registered manager/provider at any time. They also said that they were fully involved in how the service was run. One staff member said, "The [registered manager] keeps us involved and is happy to listen to our opinions about the service." Another staff member said, "I have worked for other agencies but this one is much better. It is smaller and the manager is there to help when I need it."

Personal records were stored safely in the office when not in use but they were accessible to staff, when needed. The registered manager/provider had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.