

# Crescent Community Care Services Limited Crescent Community Care Services Limited - 31 Highland Road Southsea

## 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 25 and 30 January 2017. Crescent Community Care Services Limited is a long established care agency based in Southsea. They provide personal care to people in their own homes. They are contracted by Portsmouth City Council to provide care at home for people who are funded by the local authority and who live in the PO4 postal area. They also provide a service for people who fund themselves privately. At the time of our inspection people using the service had a range of health and social care needs. Some people were being supported to live with dementia whilst others were supported with specific health conditions including diabetes, sensory impairments, and mental health diagnoses. People using the service had a range of needs from social care visits to check on their wellbeing to full personal care with the assistance of two care staff. The agency also provided a live in care service.

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.

The agency was last inspected in January 2014. There were no breaches of legal requirements then and we did not identify any breaches in legal requirements during this inspection.

Overall most people were satisfied with the agency. People told us they felt safely cared for. Staff were trained in how to recognise potential abuse and knew what procedures to follow to keep people safe. Action was taken where necessary to ensure people were provided with safe care and support.

There were sufficient numbers of staff deployed to meet people's needs and staff recruitment procedures were robust to help ensure only suitable staff were employed. New staff received a thorough induction and were supported by more experienced and senior staff to help them to understand their role.

People's health, medicines and nutritional needs were known and staff followed guidance in people's care plans to ensure they provided effective and consistent support. People were consulted about their care and support needs and were involved in the planning and review of their care. People's wishes and preferences were respected as much as possible and staff had a good understanding of the principles within the Mental Capacity Act 2005 which helped to protect people's rights.

Staff were kind and caring. They treated people with respect and understood the importance of maintaining confidentiality. Staff encouraged people to be as independent as possible.

The agency listened to people's views. Any comments or complaints were taken seriously and were responded to quickly. Staff were clear about their role and responsibilities. Managers clearly took a pride in their job.

There were effective quality assurance processes in place to help to ensure the service was delivered to a consistently good standard. The management team had identified some areas they were acting on to improve the service further. They were adding more detail to care plans and risk assessments and were arranging for more regular face to face meetings with staff to ensure they kept up to date with training requirements and to enable them to have more regular supervision.

## 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 felt safely cared for.

Staff understood how to protect people from the risk of abuse and took action where necessary to reduce any risk to people's health or safety.

There were sufficient numbers of safely recruited staff to meet people's care needs and to assist them to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were trained and supported in their role.

People's human rights were protected because staff included the principles of the Mental Capacity Act 2005 within their work practice.

People were supported to eat and drink in line with their nutritional needs and were assisted by staff to access relevant healthcare services.

### Is the service caring?

Good ●

The service was caring.

Care was provided in a kind and caring manner.

People were consulted about their care needs and support was delivered by staff in a way that respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessment and staff were aware of their care needs and of the things important to them.

People knew how to share their concerns which were listened to and acted on.

**Is the service well-led?**

The agency was well managed. Staff had a good understanding of their role and responsibilities.

There were effective quality assurance processes in place to ensure the agency provided a consistently good standard of care and support.

**Good** ●

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 and 30 January 2017 and was announced. The provider was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of two adult social care inspectors.

Prior to 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

We sent out questionnaires to people who used the service, to their relatives, to staff and to community professionals to ask them their views about the quality of the service. We received 24 completed questionnaires from people who used the service, four from relatives, and one from a community professional. Some of their feedback is included in this report.

During the inspection we spoke with the registered manager and the co-owner. We reviewed the provider's policies, procedures and records relating to the management of the service such as staff training and recruitment records and complaints logs.. We visited five people in their homes and looked at eight people's

care records. After our visits we spoke with ten staff and ten people who used the service or their relatives by telephone.

The service was last inspected in January 2014 when no concerns were identified.

# Is the service safe?

## Our findings

People told us they were safely cared for. Comments included, "Yes I feel quite safe" Another person said "Yes I feel safe and secure." People who completed the agency's annual satisfaction questionnaire all agreed they were satisfied with the care provided and happy with the care staff. People who completed our questionnaire also said they felt safe from abuse or harm from their care workers.

Staff received training in safeguarding adults and had a good understanding about various forms of abuse. They told us if they had any concerns about abuse or poor care practices they would report this straight away to the registered manager and said they were confident the registered manager would act upon their concerns. Staff were aware of their rights and responsibilities under whistleblowing arrangements and of the other external agencies they could share their concerns with. Records we saw showed the agency had followed policies and procedures to keep people safe by taking swift action to minimise any alleged abuse of people they supported and by notifying adult social services and where necessary the police. This helped to ensure any allegation was properly and thoroughly investigated.

Risk to individual's health and wellbeing was assessed and documented. Staff were provided with some guidance about how to support people when they were at risk, for example when they had difficulty moving around safely. Risk assessments varied in their detail. Some were comprehensive others were brief and we discussed with the registered manager that at times staff may benefit from more guidance to enable them to be more confident in assisting people in a safe and consistent way. The registered manager said the agency was changing their risk assessment pro forma and so the information would in future be more detailed. They were in the process of updating people's risk assessments during their reviews of people's support.

Environmental risks were identified during the initial assessment of people's care and support needs. For example visual checks were undertaken of electrical appliances and any possible trip hazards were identified and minimised. There were arrangements in place for foreseeable emergencies. There were contingency plans for bad weather. The registered manager said they knew which clients needed a priority service, for example those who needed to take medication at certain times and they had a list of staff who would be able to walk to attend to them. There was an on call system in place. All people were provided with a telephone number to contact for any emergencies or urgent queries. People said they were happy with the on call service.

The registered manager said there were sufficient staff to cover all calls needed and said that although occasionally care staff could be late to their calls there were never any missed calls. Most staff felt they were allocated enough time to meet people's assessed needs. For example one staff said "We have time to do what we need to " Another said "My schedule is never really a problem, although sometimes you can only do the tasks, not sit and chat" Staff said as they were not allocated travelling time this could sometimes make them a little late. There were also some issues where two staff were needed to support one person and they said this could cause delays in care if the other member of staff was late. Staff said they stayed the allocated amount of time when visiting people at home. Records we checked supported this.



Staff were safely recruited. Relevant checks were taken to help to ensure only suitable people were employed. These included a satisfactory police check, evidence of identity, information about people's previous employment history and references of good conduct. These were taken from previous employers where this was applicable.

Many people managed their own prescribed medicines, but some needed staff to prompt them and some needed staff to administer their prescribed medicines. Staff were trained in the management of medicines and their competencies in this respect were assessed by senior staff. People's medicines were recorded on their care notes and staff had written information about potential side effects. Any allergies were also recorded. Staff ensured they reviewed and updated information about people's prescribed medicines during people's reviews of care so staff were aware of any changes.

Any medicines administered by staff were recorded on people's daily records. These were checked by senior and office staff to ensure they had been completed correctly. There were a few gaps on daily records we saw which meant not all staff were following the policy on managing medicines. We discussed this with the registered manager at the time of our visits who agreed this would be followed up on. Body charts were used for example if people needed to have topical creams applied. This helped to ensure staff knew the appropriate place to apply people's prescribed creams.

## Is the service effective?

### Our findings

People told us staff provided effective support. One person said their care was "Very satisfactory." Another said of the staff "I am very happy. Can't fault them." A relative said "They are exceptionally good, we been very lucky, we fit in together, work as a team...they do everything for him." Another relative described their regular care worker saying, "She knows what she's doing more than we do" "We have no concerns at all".

New staff were provided with an induction over two days which was in line with the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Experienced staff took new staff out on visits to help them to familiarise themselves with their role. They said some new staff took longer than others to feel confident to go out on their own and said they continued to be supported until they were. Staff said for example new care workers were given "three or four shadow shifts". An experienced staff said they recently had someone shadowing them for two weeks.

Staff said training provided was generally satisfactory. They had a range of training in key health and safety areas such as, health and safety, moving and handling and food hygiene. Some staff were overdue refresher training in areas such as understanding dementia and we saw these sessions had been booked for staff to attend. Some staff who supported people with specific health care needs were given additional training, for example in catheter care. Whilst they did not have any involvement in providing healthcare, the training gave them insight into people's medical conditions and how these may affect them. Most care staff were also completing or had completed an NVQ or diploma in social care to a level 2. These are nationally recognised qualifications designed to equip staff with the skills and knowledge needed to care for others in health or social care settings.

Staff said managers and office staff were good at communicating with them if they had any issues or problems. Staff said they had not had formal supervisions but some had had spot checks where seniors had observed their practice and some had discussions with managers when they visited the office. Managers said they aimed to have an individual meeting with staff every three to six months and to hold annual appraisals. Managers said they had recognised care staff were mainly free from 11am and so they were booking batches of carers to come to the office to hold staff meetings and training sessions during this time.

Staff worked in accordance with The Mental Capacity Act 2005. The Mental Capacity Act 2005 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 confirmed staff asked permission before they assisted them with their personal care and support. One person for example said "They all ask what I want, they do [personal care] the way I want it." Another said "They always ask me if there is anything I want..Oh yes they ask permission."

People were asked their permission for the agency to share information about them if necessary with health and social care professionals. They also signed their care plans and reviews to confirm they agreed with the care and support provided.

Staff were aware of people's nutritional needs and provided appropriate support. People's individual dietary requirements and preferences were known by staff. When staff were responsible for cooking people's meals they described how they liaised with the person or their family if needed to ensure they cooked food the person liked. People were encouraged to have a balanced diet. We observed the registered manager encouraging a client to buy a microwave so they could have more choice as they were only eating tinned food. The registered manager said updates regarding people's dietary requirements were shared via group message so all staff involved were aware of any changes needed to people's nutritional support needs.

Some people were at risk of becoming dehydrated as they were not drinking enough. Where this was the case care plans prompted staff to remind them to drink. Staff said "We always promote drinking, put out lots of drinks, we encourage them to drink it while we are there, sometimes, we have a cup of tea with them, it if helps." Staff monitored some people's fluid intake on charts although these at times lacked the necessary detail, for example one chart said "2 x water" and it was unclear what this meant. Staff said they would report any concerns to the office if they believed people were not drinking enough and were confident they would take action.

People's health conditions and health care needs were documented although details were at times brief. People said staff were good at identifying when people's health care needs changed for example one person talked about how well the carers knew her husband, "If he's not right, they flag it up...this allows his meds to be tweaked" Another said care workers recognised when their relative was not well. They said "he (the service user) had a gall stones attack the other day, the girl on duty was fantastic, she dealt with it marvellously". Staff said they worked well with health care professionals and said they contacted them for advice and support where necessary. For example one staff said they had contacted the district nursing team as a person was complaining of tummy ache and another staff said they were going to contact the nursing team because they were concerned about a person's skin integrity.

## Is the service caring?

### Our findings

People told us care staff were kind and compassionate and respected their privacy and dignity. People who completed the agencies annual satisfaction questionnaire all said care staff were polite. People we visited agreed.

One described care staff as "always kind and courteous." Another person said "We always have a good chat, they are really friendly, all of them, they are kind and caring, go above and beyond". When asked for an example of this, they said "When my washing machine broke, they took my washing home". The office had a washing machine and staff occasionally did the laundry for people who were not able to do this in their own homes.

Relative also told us staff were kind and caring. One said, "He loves the carers, there are a couple he is really close to, you can hear them laughing...yes they are all kind, they definitely treat him with respect" Another agreed saying "Oh yes [they are kind and caring] in fact I'm always there so I can see and hear". They explained that they could laugh and joked with the care staff which they appreciated. Another relative described how supportive the agency had been of their emotional needs and the difficulties experienced when caring for their loved one. They said care staff were "Equally good with me" They said "I trust them, I have got my life back...I don't worry anymore...the guys are good at handling raw emotion...they are good at being part of the family, helping us to have a laugh."

Staff were respectful and compassionate. The registered manager had made Christmas dinner for one person they knew would be alone and who they knew would otherwise only have a snack. They took the cooked meal around to them on Christmas day. On another occasion, staff, after discussion with adult social services, took one person home to their house for a family celebration and meal. Another care worker took action to protect a service user's dog and so they were able to reassure the person in their last days that their dog was being taken care of. Care staff sometimes carried out additional tasks not listed on the care plan, for example one care worker tidied up a cluttered table to allow a service user to see all the photographs of his family. Another care worker visited a service user in hospital in their own time. These examples demonstrated the thoughtful and kind care and support being delivered.

People were actively encouraged to be involved in making decisions about their care and support. One person said "I like to be independent; if I can do something I am encouraged". Staff encouraged people to maintain their independence. One said for example, "I let them do as much as they can do." Another said "One lady had a stroke, she is doing more for herself, I encourage her to do more, she is doing well". Another said "I always say, you do what you can and tell me what you need help with, rather than take over". This demonstrated staff were listening to and acting upon people's wishes.

Staff respected people's dignity. People said of staff when they were assisting them to wash and dress "They always make sure I have a dressing gown on or put a towel round me". Another said "They are not intrusive, respect our boundaries". Staff gave examples of how they maintaining privacy by saying "I always say, I'm just going to wash you, I let them know what I'm doing, I give them a couple of minutes privacy when they are on the toilet". Another said "I ensure curtains pulled and no-one else present, I let them wash what they

can, leave them with the bowl and stand outside the door, same with toileting "This showed they understood how to treat people in a respectful way.

## Is the service responsive?

### Our findings

Some people using the agency funded their own care and others were referred by the local authority and so were funded through them. Staff from the agency visited prospective clients to carry out an assessment of needs before the service started. This helped to ensure they could provide the support needed. During the assessment people were asked their preferred times of visits. The agency made every attempt to accommodate people's preferences but could not always guarantee this would be achievable. They discussed timings of visits during the initial assessment meeting to ensure all were clear about the service that could be provided.

People were given written information about what the service could provide by means of a service user guide. This included important contact numbers as well as other information about the company such as how they responded to complaints and their policy on confidentiality.

Written care plans provided information for staff about what support people needed. Care plans we saw varied in their detail and were largely centred on tasks needing to be completed. This meant at times there was limited written guidance for staff about how to support people, some of whom had complex needs. Staff varied in their opinions about how helpful care plans were in providing guidance about how people wanted and needed to be supported. Some staff were happy with the available information. One staff said "Care plans are like little bullet points, they tell you everything, whether the person is diabetic for example" Another said "Care plans are up together and updated well". Other staff said care plans could provide more information "Care plans could elaborate a little more, there is no personalisation, very basic, little information about their preferences" The registered manager said where needed care plans were being updated to provide more information. This was being done as part of the review process.

Information about how people liked to be supported was conveyed verbally by the people themselves, by their relatives and or by staff who were already providing support. This helped to ensure staff knew and acted upon people's likes and preferences. For example one person said "They all know just how I like my toast" People mainly had a regular group of care staff who supported them. One person said for example "The [care worker] in the morning comes very weekday and I have the same five people in the evenings, they do get to know me, the morning carer chats with me a lot". Another said "We know a lot of them by name... They have transformed my life, I know who is coming, and it makes such a difference"

The agency did not miss calls although staff were occasionally late. Daily records indicate carers arrived on time and stayed for the correct amount of time. People were generally satisfied with the punctuality of care workers and said they stayed the agreed amount of time. A few people commented that staff sickness especially at a weekend could interrupt the smooth running of the service as it meant visits were later and different staff needed to attend to them. The management were aware of this situation and were monitoring closely to ensure care provided was as consistent as possible.

Managers said there were not many 15 minute visits scheduled- the only 15 minute visits were for safety checks and where staff were required to perform simple tasks like emptying a person's commode. There

were no such visits where people required personal care. This helped to ensure staff had time to support people properly and people were not rushed.

The agency provided an emergency sleep in service at times, and were able to provide this at short notice, for example, at the time of our visit one client's wife, who was the main carer was admitted to hospital and so the agency were providing additional temporary support to enable the person to stay in their own home.

Staff sometimes supported people to access community facilities. One relative for example spoke of how the care workers have encouraged her husband to go out. They also said care staff supported their husband to do activities indoors for example they helped him to use his laptop.

There was a complaints procedure in place and people were aware about how to complain about the agency. A record was kept of complaints. These showed any complaints made were responded to quickly and in line with the company's complaints policy. People and their relatives confirmed they knew how to make a complaint and most felt they were confident to do so. They said "I have no reason for complaint, if there were, I be straight on to (managers), they would sort it" and "Yes we could call the office [if concerned] we have called them before and they have always dealt with it"

Action had been taken to minimise the chance of reoccurrence when complaints had been found to be substantiated, for example care staff had undergone further training in particular areas where necessary. People appreciated the agencies swift response to concerns raised One person said "Once or twice I have had carers that were not up to it, I phoned up, said it was not working, they were brilliant, they changed it... the amazing thing is, Marcus (The registered manager) is always at the end of the phone, they try to make sure we are happy".

## Is the service well-led?

### Our findings

People said the agency was well led.

There was an experienced and longstanding registered manager in post. They were co-director of the agency and worked alongside the other co-director who also took a very active part in the running of the business. Staff described an open culture with visible management. The registered manager and co-owner spoke knowledgably about people they provided support to. They knew people's names and were able to describe their care and support needs. They said they also went out to carry out spot checks of quality from time to time as it was important to them that people knew them. People confirmed they knew who managed the service and had a high regard for them. One person said "I know (the co-owner) – I trust her to do the very best, (The registered manager) is good too". Another said of the registered manager, "He listened, he came out and made copious notes... he picks new staff well, treated me like a human being His empathy and sympathy has been so important."

The office was situated in central Southsea and was accessible to clients and their families. Staff said quite a few clients popped in to the office which meant they could discuss issues face to face if they wanted to.

Staff said they were well supported. They said "They are a good employer, they try and help us another said "They are good to work for, flexible with work patterns, fair" Staff said they were provided with good support. They said of managers "They really put everything they have got into it". One described an occasion where they had found a service user had died. They said Marcus (the registered manager) came out straight away. Staff and people who used the service said office staff were helpful when they contacted them for information or advice. They said they were "Very supportive, things are dealt with".

Staff had clear information about their role and responsibilities. Staff were issued with a Code of Conduct which detailed amongst other things the standards of personal behaviour expected by the agency. This provided staff with information and guidance about the values of the agency and how they were expected to conduct themselves whilst fulfilling their role.

Staff said managers listened to them and when they had a good idea this was implemented to improve the service. Staff said it had been their idea to have an additional member of staff on duty over the weekend to cover any sickness. This had increased the reliability of the service. Staff said they did not currently have staff meetings. Information was shared via memos or texts. Managers said they were starting to introduce weekly small group meetings to improve communication and to provide staff with opportunities to receive updates in training. Staff were aware of this and welcomed this development.

People were asked their views about the quality of the service provided. This included questions about staff reliability and timekeeping, attitude of care staff, and whether they observed good infection control procedures. Those responses we saw were positive about the agency.

There were good quality assurance processes in place. Senior staff completed spot checks of care workers.



Completed records were checked when they were returned to the office to ensure care staff were delivering care and support in line with people's assessed needs. The agency had attained ISO 9001 certification. This is a recognised Quality management system. Organisations use the standard to demonstrate the ability to consistently provide services that meet customer and regulatory requirements.

As Portsmouth City Council were funding a number of people's care packages they reviewed the contract every six months to ensure the agency were fulfilling their obligations. The most recent check did not require any major changes to the way in which the agency was run. This served as a regular quality check.