

Crestar Healthcare Limited

Crestar Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Crestar is registered to provide personal care to people in their own homes. At the time of our inspection 18 people were receiving support. Our inspection was announced and the registered manager received 48 hours' notice in order to make staff available. The inspection took place on 16 December 2015 and was the first inspection of this location.

The manager was registered with us as is required by law. 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 did not always receive medicine appropriately and the recording of medicines could lead to confusion.

People, their relatives and staff spoke about the approachable nature of the registered manager, however concerns were raised about his management style.

Quality assurance audits had not been carried out recently and feedback was not used appropriately. Incidents and accidents were not recorded and we had not received notifications.

The complaints procedure had been given to people in a clear and understandable way, but this was not always followed appropriately. People and their relatives told us that they were able to raise any concerns they had and felt that the registered manager would listen.

There were concerns around the level of staff during weekends and also the lack of risk assessments for staff who had disclosures on their Disclosure and Barring Service (DBS) check.

Staff had a basic understanding of safeguarding, but did not have a clear understanding of whistle-blowing.

Staff had a basic knowledge of the Mental Capacity Act 2005. They obtained consent where possible and explained their actions to people.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to ensure their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People and their relatives were involved in the planning of care and staff delivered care in line with what was

considered to be people's preferences and wishes.

Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff numbers were not always sufficient at weekends.

Incidents and accidents were not recorded.

Medicines were not always administered safely due to the risk posed by confusing and unclear recording.

Is the service effective?

Good ●

The service was effective.

Staff had received training and were able to use their knowledge and skills to meet people's individual needs.

Staff understood the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People were encouraged to maintain their independence.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People and their relatives were able to participate in planning their care.

People told us that they had been given information on the complaints procedure, but that the process was not always carried out well.

Feedback taken from people was not acted upon

Is the service well-led?

The service was not always well-led.

People, their relatives and staff spoke of their concerns regarding the management of the service.

The registered manager had not carried quality assurance checks regularly.

Notifications of incidents were not sent to us.

Requires Improvement 

Crestar Healthcare

Detailed findings

Background to this inspection

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

This inspection took place on 16 December 2015 and the registered manager was given 48 hours' notice. This was because the location provides a domiciliary care service and we needed to be sure that staff would be available. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with four people who used the service, four relatives, two care staff members and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to five people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, four medication records and a variety of quality assurance audits.

Is the service safe?

Our findings

One person told us, "I am happy with how I receive my tablets, but once before the carers hadn't read the box correctly and they almost gave me the wrong medicine. The manager spoke to them [staff] and they were retrained". We spoke with the registered manager and he confirmed that medication training was updated regularly. Staff told us that they had been trained in giving out medicines and one staff member told us, "I have been trained and feel confident". We saw that medicines were not recorded in a way that clearly showed an audit trail of what had been administered. There was no number available to show the initial amount of medicines, so staff were unable to record what was left over each day. Although staff signed to say that medicines had been given this did not detail instances where medicines had been refused or not taken and some sections were left blank. The registered manager compiled a new method of medicine recording during our conversation, which was much more detailed in its information and he told us that this template would be used in future. We saw that one file wasn't updated to show a change where that person now took their own medicine. We saw that there were no medication audits available to account for the usage of medication.

A staff member told us, "During my recruitment references were taken, a DBS check was done and I was asked to provide proof of ID". We looked at staff recruitment records and saw that staff had references taken and that their identity had been checked before they were employed. Prior to employment all staff also undertook checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Of the recruitment records we looked at we saw that two employees had disclosures reported on their DBS checks. The first had a risk assessment in place that was regularly re-assessed by the registered manager, however the second risk assessment was not robust. We discussed this with the registered manager and he agreed that this would be addressed immediately.

Staff that we spoke with told us that they understood the implications of safeguarding following their training and were aware of how to keep people safe. One staff member told us, "If I thought that someone was being abused I would tell the manager immediately". Another staff member said, "Safeguarding is down to us all, if we notice someone is nervous or has bruising, they could be a victim and that needs investigating". The registered manager described to us the procedure that was followed in order to report safeguarding concerns, however we did not find any evidence that this was being put into practice. We saw that in people's files no incidents or accidents were recorded and body maps were left blank, however paperwork from staff supervisions showed discussions on a specific incident where a person was discovered by staff following a fall and was found to be badly bruised. We informed the registered manager of this and showed him the documentation. He stated that from this time he would tell his staff to notify him of any incidents immediately, so that he could take the appropriate form of action.

Staff that we spoke with told us that in the event of an emergency where someone was taken ill or the emergency services were needed, they would ring 999.

People told us that the staff levels were at times of concern to them, with one person telling us, "Some

carers can turn up very late and weekends are worst". Another person told us, "There are enough staff during the week, but the weekends can be a nightmare". One staff member told us, "We have some great staff, but the new ones are letting the long standing ones down. They have been late for calls and there have been complaints. I have raised it with the manager and he is doing something about it". A second member of staff said, "We need more staff, some colleagues timekeeping is rubbish and it is hard to get to calls when you have to travel long distances on public transport". The registered manager told us that the new staff were familiarising themselves with the service and that they had received training, but that he would be monitoring their progress to see if any further support was required. We saw that currently the main impact upon people who were receiving late calls was related to them receiving medicines at the wrong time or having to wait for food or drinks.

People told us that they didn't feel that they were at risk of harm when supported by carers and that they were kept safe. One person told us, "The care varies with the carer, but I have no concerns over being safe, they are gentle with me and don't rush me at all. If I felt unsafe I would tell [registered manager] and he would always sort it". Another person shared, "They [staff] are safe and caring, but some are better than others". A third person told us, "The girls who come to me are brilliant and they make me feel safe, they always lock up when they leave too". A relative told us "I have no worries regarding safety". A second relative said, "They [staff] definitely keep people safe, my [relative] uses the service and we are both happy and feel safe when carers are in our home". A staff member told us, "I think that we keep people 100% safe, we use the correct equipment, we make sure people are safe when we leave and we use the key codes on doors". Another staff member said, "I feel that people are kept safe, I ask them and they tell me that they feel safe".

We saw that risk assessments were carried out using information gathered from hospital discharge records and also from speaking with people and their families. We viewed that risk assessments covered possible risks, such as moving and handling. The use of detailed assessments provided staff with information on how to specifically hoist people and how to utilise a slide sheet to assist people who were restricted to their beds. A staff member told us, "We know exactly how to use the hoists and make sure that we use any equipment correctly, so that it suits each person individually".

Is the service effective?

Our findings

People told us that staff had skills and knowledge that enabled them to care for people effectively. One person told us, "The staff that come to me know what they are doing". Another person said, "Staff seem to know what they are doing and they get on with it". A relative told us, "The ability of staff varies widely depending on who visits you, but the ones we have are ok".

Staff members told us that their induction was detailed and that it prepared them for the job that they had to do. One staff member told us, "On my induction I shadowed other carers around seven times, I was able to watch them closely before going out myself". Staff told us that they received regular supervision every month and that they had an annual appraisal.

Training was carried out at the start of the staff member's employment and then continued on an ongoing basis. One staff member told us, "I have done all of my mandatory training such as safeguarding and manual handling". Another member of staff said, "When it is time to renew our training we are put on the list for the next available course, the training is good and assists in how we care". We saw training lists that confirmed this.

Staff told us that they communicated effectively with other agencies and that they maintained positive working relationships with medical professionals, such as ambulance staff, who may be needed to attend if people are unwell. Staff told us that they had good relationships with family members and a relative supported this and told us, "Staff always call us if they notice any problems, and they always notice even tiny changes in people's health". Another relative shared, "I can talk to our carer and they understand that I want to be updated about [person's name]".

We saw that changes to the care plan were only signed off by the registered manager alone. He told us that the person's keyworker was informed verbally of any changes, but that there could be a time delay before a written version was put into people's files in their homes. This may lead to a breakdown in communication or confusion if the keyworker was unable to be contacted or where a different worker was put in place to provide the support and they were not aware of the changes made. Staff were unable to give us a specific time frame for when plans were updated in people's homes and were very unclear on the procedure. The registered manager told us that he would ensure that keyworkers saw the new care plan in the office within a matter of days and that they would sign to say that they understood the changes and the implications for the person being cared for.

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. Staff members had a basic understanding of the MCA and the Deprivation of Liberty

Safeguards.

One person told us, "They [staff] never do anything without asking, they are good like that". Staff that we spoke with said that they asked people's consent before carrying out any actions and that where people were not able to give consent, prior agreements had been sought from relatives and this was within the care plans. One member of staff said, "I always tell people what I am doing in their home and go through it with them step by step".

People told us that they were supported to eat a balanced diet and one person told us, "They do meal preparation for me and I usually have a light snack, but it is always my choice". A relative told us, "They encourage people to go for a healthy option". Another relative told us, "They saw that my relative didn't have an appetite and it was indicative of an underlying illness, so I am so grateful that they realised and informed me".

People told us that staff took their medical needs seriously and one person said, "They discuss my personal needs with me sensitively and make sure I get the support I need from medics". A relative told us, "They will contact the medical centre if needed and are vigilant about things like skin integrity". We saw that the medical management assessment had been signed by people or their family members and that it had been discussed in detail.

Is the service caring?

Our findings

People told us that staff were caring and one person told us, "They [staff] are always very kind, even the ones that don't have much time are still nice". Another person told us, "They know that I like a cup of tea, so they make sure that they make me one". A relative told us, "They are kind to [relative] and they are lovely, even exceptional. I want to keep the carers that we have at the moment, the care is outstanding, there have been a couple of issues with other carers before, but these ones, they talk to her, not at her". Another relative told us, "They [staff] know exactly what [person's name] wants, they are always polite and do anything you want, they go above and beyond". A third relative said, "They know her [relative] as well as I do". Staff members told us that they knew people well and that they put the person at the centre of all that they did. One staff member told us, "It is all about the client's needs, it is our job to do all we can to support them to have a decent quality of life".

A person that we spoke with told us, "I am able to choose my own clothes in the morning and they [staff] help me to put them on". Another person told us, "I make little choices, like what I would like to eat". A relative told us, "Staff understand that it empowers people to make even small decisions, so they encourage this, even if it is just choosing to sit in a chair or not".

People told us that they were involved in devising how they wanted their care to evolve and that a twelve month plan was written and reviewed including goals, progress and achievements reached over the year. We saw records written by staff to corroborate this. A staff member told us, "I am a key worker and I know people well enough to know how they liked to be cared for, such as how people like to have a wash and if they can do things for themselves, so it makes sense that I am involved in their plan".

People told us that they were encouraged to be as independent as possible. One person told us, "They [staff] encouraged me to take some little steps after I came out of hospital". A relative told us, "Staff encourage [person's name] to get up and about, rather than lie in bed all day. They know what she is capable of and so they get her to do it". A staff member said, "My job is about a lot of things, it is about promoting independence giving a quality of life, maintaining wellbeing and making sure that people are kept clean, safe, comfortable and warm".

We were told that staff maintained people's privacy and dignity with one person telling us, "The staff will always help people and do things for them. They respect me and I respect them, it's a two way thing". Another person told us, "They treat me with dignity and respect, they are very good". A relative said, "When dressing [person's name] they close the blinds, they think about the little things and treat her well, as she should be treated". Another relative told us, "Staff are always respectful towards [person's name] they listen to the person and family and provide care how the person wants it to be".

Is the service responsive?

Our findings

People told us that they knew how to make complaints and that the procedure had been made clear to them. One person told us, "I have had a few complaints over lateness and missed calls and [registered manager] has always tried to sort things out". Another relative told us, "I had a minor complaint about the carers, it was dealt with well, the manager does listen to what we say, but it just takes some time for him to make the changes". We did not see any written complaints in files although the registered manager agreed that complaints had been made and dealt with. There were no audits available to show how complaints had been learnt from and how they may have shaped the care provided.

People and their relatives told us that they were regularly asked for their views in the form of written questionnaires and telephone surveys. One person told us, "I have filled out surveys previously, but never get any feedback from them". A relative told us, "They call occasionally and ask if everything is ok and what we are happy with or not happy with". We saw examples of questionnaires received, but there was no evidence that any action had been taken on people's responses and no records to show how any concerns had been followed up. A number of questionnaires were also not dated, making it difficult to view a chronological timeline of how people's care was evolving.

People told us that they had been able to play a part in writing their own care plans. One person told us, "When I came out of hospital I sat with [registered manager] and we went through my care plan together, the plan has since been changed when it has needed to be". A relative told us, "When [relative] was with another company I never knew what was in the care plan, that changed here, [registered manager] has always shared it with me. He wrote up the plan and I was involved, he has changed it as their care needs have changed. Another relative told us, "We have been part of care plans and on-going reviews, the last one needed no changes and we were happy with that". When we spoke with staff they were aware of people's individual needs and were able to give us examples.

One person told us that when they initially discussed their care with the registered manager they were asked about their religion and whether they would like to follow it, they told us, "They [registered manager] asked me if I had a religion and if I wanted to practice it, I said yes, and that meant a lot to me, that they understood how I felt". A staff member told us, "We try to accommodate people's needs as much as possible. I am happy to remind someone when they have something planned and I will arrange transport for them if they need it".

Is the service well-led?

Our findings

We saw that no notifications had been sent to us, despite incidents occurring, including one within the previous six months where a person was found bruised following a fall, when staff arrived at their home. The only recording for the incident was within a staff member's supervision and there was no paperwork to support that the fall had been recorded at the time that the person was found. We did not see any evidence that the local authority had been informed of the incident. The lack of recording meant that the incident was not followed up and monitored more closely in order to minimise the risk to the person.

This is a breach of Regulation 18 CQC (Registration) Regulations 2009, Notification of Other Incidents.

People told us that whilst they were generally happy with the service, they had some concerns. One person told us, "I am a great supporter of Crestar and the manager, but I have concerns that he just isn't running the place right". Another person told us, "Some fantastic people work for [registered manager], but he will lose them if they go somewhere more organised. It is a shame as it could be a really great service. I have told him but nothing seems to change, I think some newer carers let him down by not turning up". A relative told us, "I think highly of the service provided, but the manager is no good in the office, he doesn't run it well, but his intentions are good". The manager was also the owner of the service and he alongside one other member of staff ran the administration section. We saw that not all of the paperwork used was appropriate as it didn't record things accurately enough and the paper work which was in place was often left blank, so that any issues could not be followed up to people's satisfaction.

One person told us, "If we have a late call, they usually send anyone who is available". Other people shared with us that during times when calls were late the registered manager would often attend himself to ensure that they had a call. A staff member told us that at times other staff would call in last minute to say that they would not be coming to work and it would fall to other staff to cover. Many of the staff also used public transport to get to calls and the volume of traffic would impact upon their arrival times. We saw that there was no effective system in place to monitor the pattern of late calls so that they may be raised as a concern, and because no complaints were recorded late calls were not flagged up as an ongoing issue.

One person told us, "Staff are not distributed in a geographical manner, some don't drive and have to catch public transport to go to calls miles away and it isn't planned right". Another person told us, "The carers are always saying that they have to travel miles from home to get to visits and it makes them late". A staff member told us, "I have to travel through the area that I live to get to calls, whilst my colleague covers my area and she doesn't live there, it doesn't make sense". Another staff member told us, "The manager hasn't grasped that things could work so much easier if he sat down with a map and worked out people's areas, it's not sorted at all and it adds hours onto our day". Staff members told us that they attended staff meetings regularly and we saw that files showed they occurred every two months. Staff that we spoke to said that they were able to contribute to meetings and that they were given the opportunity to put their views across, but issues such as concerns over allocation of jobs and distances travelled wasn't acted upon, despite the registered manager saying he would address the issues.

Staff we spoke to were very unsure about whistleblowing and didn't fully understand the concept. A member of staff told us, I am not sure who I would go to above the manager and I don't have any contact details for anybody. We saw that a section of the employer handbook covered whistle-blowing, but that the wording may not be easily understandable to everyone. The registered manager said that he would speak with staff in order to make clear that whistle-blowing was supported within the service.

There were no audits or quality assurance checks available for us to view, however the registered manager told us that he had recently devised a new plan to audit files, which was due to be carried out in the coming weeks and then every six months. He told us that as part of the audit spot checks on staff and observations of their work would be carried out annually and that any negative issues would be followed up within six weeks. We saw blank sheets in staff files, but no checks had been recorded.

When looking through files we saw an example of an infringement of data protection, where on a risk assessment form the name of a different person who accessed the service had been used, which could lead to the wrong support being offered and it could also lead to a confidentiality issue. The registered manager was shown the documentation and stated that it could be due to the people in question sharing a name, but that he was aware that there may be some administration issues due to the recent loss of the services administrator. He said that he would speak with staff to ensure that this issue was addressed immediately.

Staff told us that they were kept aware of any changes coming up and that the registered manager kept them informed of any forthcoming plans. One member of staff told us, "The manager lets us know when there are new staff starting or if there are plans to change key workers". Staff also told us that the registered manager would be accommodating to staff whenever he could be and that he understood that staff required an effective work/life balance. One member of staff told us, "He [registered manager] knows that we have families and he will allow changes to the rota to help us out, we can also swop with other colleagues". The registered manager told us that whilst he tried to assist workers to have a positive work/life balance it was not to the detriment of the service and we saw some correspondence to show that some requests for leave had been refused where it would leave a shortfall in staff.

People told us that the registered manager knew people who used the service well. One person told us, "He [registered manager] knows the people and he is happy to be hands on. He should go out and provide care to people, as he is a much better carer than a manager". A relative told us, "The manager rolls his sleeves up and helps out if he is needed, they are a good team. He is involved and people know who he is". Another relative said, "He knows people's needs and he always listens. He will call me back when he says he will and he tries hard to be a good manager. He has offered me advice and support and I just think that he needs some guidance when it comes to managing staff".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents We did not receive notifications of incidents as required.