Crystal Care Service (Leicester) Limited

# Crystal Care Service (Leicester)

## 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

This inspection took place on 6 June 2017 and was announced.

Crystal Care Services (Leicester) is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were four people using the service of differing ages and needs, whose care was provided by the registered manager and five members of care staff. People's packages of care varied dependent upon their needs.

This was the first inspection of the service since it was registered on 14 January 2015.

Crystal Health Care Services (Leicester) had a registered manager. 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's safety and welfare was promoted by staff that understood and had received training on their role in protecting people from risk. Safety and welfare was further promoted through the assessment and on-going review of potential risks to people. Where risks had been identified measures had been put into place, which included the use of equipment to reduce the likelihood of risk and were recorded within people's records and understood and implemented by staff.

Staff upon their recruitment had their application and references checked to ensure their suitability to work with people. Staff underwent a period of induction and training, which included their being introduced to people whose care and support they would provide. Training provided to staff and staff understanding of their role and responsibilities meant people were supported appropriately with all aspects of their care, which included support with their medicines.

People's needs were effectively communicated and recorded and understood by staff, to ensure people's needs were met. People's care and support needs were recorded by staff which provided a clear record as to the support and care people received.

Staff understood the importance of seeking people's consent prior to providing care and support. Staff liaised with health care professionals where necessary and kept in contact with people's family members where they had concerns about people's health. People received support with the preparation, cooking and eating of meals where needed to ensure people's nutritional needs were met.

Family members had mixed views as to the attitude and approach of staff. A family representative spoke positively about the caring relationships that had developed between their relative and staff and the positive impact this had had on their well-being. In contrast a family member told us how the approach of some staff had made it difficult for caring relationships to be developed. The registered manager had been

made aware of people's views and had met with staff to bring about improvement.

We found the complaint policy needed updating to ensure it contained accurate information and fully supported people's rights to raise concerns independent of the provider, should the complainant not be satisfied with the provider's response to their complaint. The registered manager had received compliments about the quality of the service provided from family representatives.

The registered manager undertook audits to ensure themselves of the quality of the care being provided. This included reviewing the documentation completed by staff as to the care they had provided. A quality assurance tool was not used by the registered manager to evaluate all aspects of the service, which included responding to people's comments about their care. External agencies responsible for funding some of the people who used the service told us they had identified areas for improvement. They were working with the registered manager to bring about continued and further 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 abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Safe recruitment systems were followed to ensure staff were suitable to work with people who used the service.

People received support with their medicine which was managed safely.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had the appropriate knowledge and skills and were employed in sufficient numbers to provide their care and who understood the needs of people.

The provider and staff understood their role in promoting people's independence and offering choice when delivering care and support.

People were provided with support, where required, to meet their dietary requirements.

People were supported by staff who liaised with family members and health care professionals, where required, to promote their health and welfare.

### Is the service caring?

Good

The service was caring.

Family representatives had differing views as to the attitude and approach of some staff, which had meant caring relationships had not always been developed.

Family representative's had been consulted about people's care and had signed care plans on behalf of their relative.

Staff were aware of people's needs and family members told us they promoted the privacy and dignity of their relative.

## Is the service responsive?

**Good**

The service was responsive.

People's needs were assessed and their care planned. Family representative's experiences as to the reliability of the service for staff to arrive at the correct time to deliver care were mixed.

People had raised concerns about the service and the registered manager had acknowledged their concerns and had met with staff to bring about improvement. The complaints policy required updating to ensure that the information was accurate to support people in making a complaint.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

The registered manager had systems to seek the views of people using the service and to monitor the quality of the service. However improvements were needed to ensure the system was effective in order that people's experiences and that of their family representatives were consistently good.

# Crystal Care Service (Leicester)

**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 checked 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 6 June 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by an inspector. We sought people experiences and views by telephone. We spoke with family representatives of three people who were using the service. The registered manager informed us people using the service would not be able to speak with us by telephone themselves, due to their needs and therefore we spoke with their representatives

We spoke with the registered manager and two members of staff who provided people's care and support.

Before the inspection we asked the provider to complete 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. The provider returned the completed PIR.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

During the inspection visit we looked at the care records of three people who used the service. These

records included care plans, risk assessments and daily records. We also looked at recruitment and training records for two members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings, and a range of policies and procedures.

Good

# Is the service safe?

## Our findings

Staff received training on the promotion of people's safety and welfare, which included receiving training in basic first aid, the moving and handling of people using equipment and health and safety. People's safety was maintained and family representative comments supported this. "I have no concerns about [relative's name] safety, I would know if there was a problem." A member of staff told us how they promoted a person's safety. We help [person's name], they are able to do things for themselves, we stay with them to make sure they are safe, by staying close by when they have a shower, in case they become dizzy."

Staff were trained in safeguarding adults at risk as part of their induction so they knew how to protect people from avoidable harm and risk. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the registered manager and the role of external agencies. Staff told us, "If I had concerns I would speak with the manager, if the concern was about them or I didn't think they'd take action I would contact other organisations such as the police or social services." And, "I would tell the manager. I could also report to other agencies such as social services." The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Our findings were consistent with the information provided within the PIR.

Assessments had been undertaken to assess risks to people who used the service. For example, if people had difficulty with mobilising around their home and required equipment, then risk assessments looked at whether there was sufficient space for those using the service and staff to use the equipment safely. People's care plans provided information as to what equipment was to be used, for example a hoist to assist in the moving of people safely.

In some instances a key safe was installed where people were unable to answer their door. A key safe is a secure method of storing the keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access. People's records stated it was the responsibility of staff to ensure people's homes were secure upon their leaving.

There was an emergency business continuity plan in place; that would enable the provider to continue to meet people's needs in the event of an unplanned event, such as an interruption to gas or electricity supply or adverse weather. The plan detailed the commitment by the provider to liaise with other services, to ensure staff were available to provide people's care and support.

We looked at staff records and found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them. A small group of staff provided support to the four people who used the service, which meant there were sufficient staff to meet people's safely.

The registered manager told us staff prompted and administered people's medicine, when this had been identified as part of the person's assessment. People's care plans detailed the medicine the person was taking, the role of staff in providing support and the location of the medication within the person's home. Staff signed medication administration records (MAR's), to confirm the person's medicine had been administered. The policy and procedure advised staff and those using the service, that staff would only prompt and administer medicine that had been prescribed by a health care professional and had been dispensed by a pharmacist into a monitored dosage system. This was to ensure that staff could be confident that their involvement in medicine management was in the person's best interest and safe.

Good

# Is the service effective?

## Our findings

A family representative of someone using the service shared their views about the staff and their knowledge and competence in meeting their relative's needs. "They appear to know what they are doing; [relative's name] has every confidence in the staff."

Staff induction included being introduced by the registered manager to people they would be providing care and support for. Training took place as part of staff induction. Staff said the training they received enabled them to provide the care and support people required. Staff told us that they were supervised by the registered manager, which included one to one meetings to reflect on their work and discuss training. Staff also spoke of the 'spot checks' carried out by the registered manager, where there delivery of care and support was observed, to ensure the care was reflective of the person's care plan and met the standards expected by the registered manager. Staff told us, "[registered manager] checks what we are doing. Sometimes when we arrive at a person's home, they are waiting for us. She observes the care we provide and gives us feedback."

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 and applications must be made to the Court of Protection. We found there to be no such orders in place. The registered manager had carried out mental capacity assessments, where it was found the person could not always consent to their care, due to their health needs. This included people living with dementia.

The registered manager and staff were aware of the MCA and informed us that people who received support were able to make decisions about their care or had family members who represented them. We asked a member of staff for their understanding of the MCA and what it meant. They told us. "It's about the ability of people to make their own decisions, and if they are unable to, its about making decisions in people's best interests. We liaise with people's relatives about their care and receive instruction from them."

Where people's assessments had identified that they required support with meals and drinks their records showed staff had provided the assistance required. Care plans provided information for staff as to the person's preferences in eating and drinking, for example how much sugar a person wished to have in their hot drinks, the texture of food and the meals they enjoyed. A member of staff told us about the support they provided to a person with their eating and drinking, the information they gave us was consistent with the person's care plan, which included fortified supplements that had been prescribed by a health care professional, which staff encouraged the person to drink. Staff recorded what the person ate and drank so that accurate information was available to health care professionals who were monitoring the person's

general health and well-being. This showed that staff were aware of people's needs and the importance of encouraging people to have sufficient to eat and drink.

People's records contained the contact details for health care professionals, staff liaised with health care professionals if required, however in most instances people were supported by family members. People's records contained information about their health and provided staff with information to assist them in providing the appropriate care. For example, for people living with health conditions such as dementia and diabetes, their records included information on the signs and symptoms a person may display if there diabetes was not being managed well. This would support staff in identifying if people needed to seek medical support.

Good

# Is the service caring?

## Our findings

Family member's views on the approach and attitude of staff were mixed. For example, people's care plans stated how staff should enter a person's home, which included greeting the person and others residing in the home. However the views of a family member suggested some staff were not following the care plan. One person told us, "We have known staff arrive and not say hello or when they leave they bang the door and don't say goodbye." We spoke with the registered manager, who told us they had met with staff to discuss the issue. They told us they would monitor to ensure improvements were made. We received positive comments from a family member about staff. "The approach of the carers with my [relative's name] is very good, they go out of their way to talk with them. The relationship they have developed means my relative is confident to speak with them about all things. My [relative] gets on with the carers brilliantly."

The registered manager told us new staff were introduced to people using the service before they started to provide their care, by working alongside them or other staff. This was to ensure those using the service and staff had the opportunity to get to know each other, before the staff member provided their care. A family member shared with us a negative experience of a new member of staff being introduced. They told us a member of staff arrived with another person, the second person was not known to them who entered their home with the member of staff. They told us that the second person did not introduce themselves, nor were they introduced by the member of staff. The family member told us they had spoken with the registered manager, who advised them the person was a new member of staff. This showed that the introductory process of new staff to people using the service was not always implemented in a way that provided an opportunity for people to develop positive relationships. We spoke with the registered manager, who told us they had met with staff to discuss the issue and that they would continue to monitor to ensure improvements had been made.

All the care plans we viewed had been signed by the registered manager and the family member of the person receiving care. Family member's comments as to their involvement in the planning of their relative's care were mixed. In some instances family member's told us they had contributed to the assessment of their relative's needs when the assessment had been carried out by a representative of the local authority. Whilst another family member said they had been involved in the assessment and care planning process undertaken by both the local authority and by the registered manager of Crystal Care. A family member told us, "I feel very much involved in the organising of the care."

Family representative's told us staff promoted their relative's privacy and dignity, by ensuring personal care was carried out with the door of the room being closed. People's care plans provided instruction for staff on the promotion of people's privacy and dignity and staff we spoke with understood the importance of treating people with respect. A member of staff told us how their approach to people, through reassurance and clear explanations as to what personal care they were going to provide, gave people the opportunity to comment on their care and influence how it was delivered.

Good

# Is the service responsive?

## Our findings

Family representative's views of the reliability of the service were mixed. One family member told us staff were often very early, they told us they had spoken with the registered manager about their concern. We spoke with the registered manager who told us they had spoken with staff and made it clear they were to arrive at the time scheduled. They told us they would monitor this to ensure improvements had been made. A family member told us the staff were very reliable, and were flexible. This was important to both them and their relative. They told us due to a range of commitments their relative had, the time of staff visits to support their relative often had to be changed, sometimes at short notice. "They're very reliable and alter the times to be flexible, sometimes at the last minute. We either liaise with the registered manager or with the staff individually. They go out of their way to be accommodating."

Assessments of people needs were carried out by the local authority who funded people's care. The registered manager undertook their own assessment of the person, meeting with the person and family members in their home. This meant people could be confident that their needs could be met by the service and that they had the opportunity to comment on the service they wished to receive. People's records contained copies of their assessment and care plan, which had been signed by the family member of the person receiving care and the registered manager.

Staff we spoke with were knowledgeable about the people they cared for and were able to tell us about the care they provided. Staff spoke about the people they cared for and were aware of their role in maintaining and promoting people's independence. Staff members told us how they ensured people were involved in their care, by always asking them what it was they required. A member of staff told us, "[person's name], struggles to eat and drink so they need us to stay with them to encourage them." A member of staff told us about a person's personal care, which included the massaging of oils into their body and the provision of specific drinks, which they particularly enjoyed. The information provided by staff reflected what was written in people's care plans, which showed staff were providing the care people required. A family member confirmed that staff provided the care as detailed within their relative's care plan.

Family representatives we spoke with told us they had not made an official complaint but all stated that they would be happy to do so if necessary. A family representative told us they had spoken with the registered manager about issues of concern, for example staff arriving early. They told us this had in the main been resolved. The provider had a complaints policy and procedure. We identified shortfalls and inaccuracies within this. For example information about the Local Government Ombudsman (LGO) was not included. This had the potential for people's complaints not to be forwarded and considered by the appropriate authorities, should the complainant not be happy with the provider's investigation of their concerns. The role of CQC in relation to complaints was not accurate, as it stated complaints could be referred to CQC. The registered manager told us they would update their policy and procedure.

The PIR advised the service had received no complaints and six written compliments within the last 12 months. We looked at some of the compliments, which included, 'I feel that I am very fortunate to have such an excellent team of carers helping me…..nothing is too much trouble….I have a very happy relationship

with them.'

Requires Improvement

# Is the service well-led?

## Our findings

We found improvements were needed to ensure there was effective monitoring of the service people received. This would enable the registered manager to assure themselves of the quality of care people received and that it was being provided by staff, as agreed and that met people's expectations. We spoke with the registered manager following our telephone discussions with family members of people using the service. We spoke to them of the differing views expressed. They informed us they would organise a meeting with those who had expressed areas of concern, with a view to improving the quality of care people received. The registered manager told us they would continue to monitor staff to ensure improvements discussed with them individually and collectively were being implemented, in order to improve the quality of care being provided.

Commissioners for social care informed us following the inspection visit that they had some concerns about the service and that an action plan had been put into place, which they had shared with the registered manager as to the improvements required. The issues identified by commissioners, included lack of detail within people's care plans, lack of auditing by the registered manager and incomplete records regarding staff recruitment. Commissioners told us that the registered manager was working with them to bring about improvements and that some improvements had been made. These had included the auditing of people's records and improvements to the content of information within people care plans. And were confirmed by the records we viewed as part of our inspection visit. They told us they would continue to work with the registered manager.

The registered manager informed us as part of our inspection visit that they had an appointment with commissioners who had requested to see documentation. However the registered manager had not informed us this was because commissioners had raised concerns. We contacted the registered manager following our discussions with commissioners and spoke with them about the concerns they had expressed and not disclosed to us. The registered manager told us, not advising CQC during the inspection site visit had been an oversight on their part.

The PIR reflected improvements the registered manager planned to introduce over the next 12 months to improve the quality of the service being provided, which focused on specific areas. For example, with regards to staff the registered manager had highlighted the continued support of staff through supervision and staff meetings. Further areas of improvement included consultation with people using the service and their relatives, to encourage feedback about the quality of the service and to discuss people's expectations of care so that they could better influence the content of their care plans, to include their aspirations and goals.

A family representative told us that their views had been sought about the quality of the service as they had completed a questionnaire. We looked at questionnaires and found people had in the main responded positively to the questions posed. Questions focused on the quality of the care, the timeliness and attitude of staff, promotion of people's privacy and dignity and whether staff wore their uniform and identification badge. In some instances additional comments had been included. For example, 'We are very happy with

the care provided by Crystal Care Services. They are friendly, polite and thorough. If they are going to be late they ring. They are very caring. They have developed a rapport with the wider family.'

Family representatives spoke positively about the registered manager and their commitment to provide a good quality service, which included the provision of people's care and support. One family member told us, "[registered manager's name] is very good, we have confidence in them." And, [registered manager's name] is very positive, happy and enthusiastic all of the time."

The registered manager told us they employed a care co-ordinator whose role was to organise rota's for staff. A Family representative told us they knew in advance who would be providing their relatives care. This was confirmed by staff who told us they received a copy of their rota in advance which identified the times they were to arrive at a person's home.

Staff spoke positively about the support they received from the registered manager, they told us they were always available to answer any queries they had. Staff told us they attended staff meetings, where they had the opportunity to talk about the development of the service, which included where improvements were needed. A member of staff told us the registered manager had requested that all staff provide more detail when writing in people's daily notes about the care they had provided. Minutes of staff meetings confirmed this and we saw that the registered manager had carried out audits to ensure improvements had been made.