

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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Crestar Health Care is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our inspection there were 24 people receiving personal care.

People's experience of using this service:

Systems to monitor the quality and safety of the service had not been effective at monitoring and improving the quality of the service. Robust recruitment practice was not in place to ensure only staff that were suitable were employed. Care records and risk assessments did not detail how risks would be managed effectively. Staff did not receive all the support they needed to carry out their role effectively. Supervision of staff and observations of their practice to monitor their competencies were infrequent.

People received their medicines safely and as prescribed. Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's rights to privacy and their dignity was maintained and respected by the staff who supported them. People were supported to express their views about their care.

People told us that the management of the service had improved in recent months. People were confident about approaching the registered manager if they needed to. The views of people on the quality of the service was gathered and used to support service development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (report published January 2017).

Why we inspected:

This was a planned comprehensive inspection.

Enforcement

We have identified breaches in relation to safe recruitment practice and good governance at this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Crestar Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

During the inspection

During the inspection process we spoke with five people, one relative, three members of staff, the care coordinator and the registered manager who is also the provider.

We looked at the care records for three people who used the service and five staff files. We looked at a range of records relating to the running of the service. This included incident and accident records, auditing systems and complaints.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and audits of staff files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were recruitment processes in place however these systems were not always robust.
- The provider did not have records of staff full periods of employment, showing beginning and end dates, together with an explanation of periods of non-employment. Staff who had left and re-joined the agency had commenced care calls before all the necessary pre-employment checks had been completed, without a recorded risk assessment in place. Where different references had been provided to what was recorded on the application form there was no written explanation for the reason.

This demonstrated a breach of Regulation 19 (Fit and proper persons employed) of Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

The provider took immediate action following our inspection. They carried out an audit of all their staff records and where required they took action to request the required information. They sent us written confirmation of this following our inspection.

Assessing risk, safety monitoring and management

- Risks for people were identified in their care plans. However, there was limited guidance in place for staff to follow on how to manage the risks to keep people safe. For example, one care plan states that [name of person using the service] is not able to mobilise independently. There was limited information about the moving and handling techniques that should be used by staff to help the person mobilise safely.
- Staff told us how they were supporting people to mobilise. They told us they had received training in moving and handling practices. People we spoke with told us they felt safe with the staff that supported them.

Systems and process to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and were happy with the support they received. One person commented, "I feel safe with the staff."
- People and their relatives told us there had been no missed calls. Staff were sometimes running a little late, but within the acceptable range.
- Staff had received training in safeguarding and knew how to report any concerns they had. One member of staff told us, "I feel confident that the managers would deal with any concerns. They would report concerns to CQC or the local authority."
- The provider had policies and procedures in place in relation to safeguarding and whistleblowing.

Learning lessons when things go wrong

- We saw staff recorded incidents and accidents and the registered manager monitored these records. However, these had not been fully implemented to show when things had not gone to plan, the lessons that had been learnt from this to improve the service.

Using medicines safely

- Some people were supported to take their medicines. Records were completed of medication taken.
- Staff told us they felt confident providing support with medication and had been trained to do so.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access to, and wore personal protective equipment (PPE).
- People and relatives, we spoke with confirmed that staff wore gloves when required and staff told us the provider ensured a good stock was always available to them.

Learning lessons when things go wrong

- We saw staff recorded incidents and accidents and that the registered manager monitored these records. However, these had not been fully implemented to show when things had not gone to plan, the lessons that had been learnt and how this information had been used to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received a regular appraisal of their performance to identify any training, learning and development needs.
- Staff did not receive regular supervision. The provider told us in their PIR that this would be provided at least four times a year, however staff were receiving supervision and observations of their practice less frequently.
- There had been a high turnover of staff recently, some training for new staff was due and plans were in place to provide this.
- Staff who had commenced with the agency recently told us they completed an induction and shadowing shifts and some training prior to carrying out care calls.
- New staff completed an induction programme and the Care Certificate to ensure they were prepared for their role. The Care Certificate is a nationally agreed set of standards designed to ensure staff have a basic understanding of the care industry.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records needed to be reviewed and updated in line with the provider's policy. The registered manager had recognised this, and work had commenced to make the improvements.
- People told us they felt involved in their care and improvements had been made.

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

- Some people were supported with meals and drinks. One person told us, "They [staff] help heat up my meals and make me a hot drink. They do exactly what I need them to do for me."
- Where required, records were kept of the support provided with meals and drinks following the provision of care. Staff told us they would report any concerns in relation to people's dietary intake to the office staff.

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

- Records showed people were supported to access health and social care professionals.
- Staff described appropriate action they would take in the event of an emergency or if people's health deteriorated.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was aware of their responsibility and understood the principles of the MCA.
- Staff told us the people they supported were able to consent to their care and they always sought people's consent before they provided care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by care staff who were kind and caring. However, the provider's systems and processes had not always delivered support that was always caring. For example, people's personalised care needs had not been asked for and recorded to ensure they received consistent care from staff.
- People and relatives told us that many improvements had been made recently. For example, one person told us they now receive regular care staff and they were very happy now with the care they received. Another person told us, "I am very happy with everything. The staff are lovely. They are very kind to me."
- One person told us, "The staff seem to know what they are doing. Sometimes new staff come along to watch how the job is done they call it shadowing staff. Its fine with me they are getting trained to do the job."
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity to be able to meet people's needs.

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

- People's care records had not always been reviewed with people regularly. However, the registered manager and care coordinator told us about the improvements they were making to care records and people's involvement in their care. We saw that these improvements had already commenced.
- People and their families told us that things had really improved recently. They told us the provider and staff had asked about their care needs.
- One person we spoke with told us, "They [staff] always ask me before they do anything."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One staff member told us in detail the steps they took to ensure they respected a person's privacy when providing their care. People told us they felt comfortable with staff. People's records were kept securely in the office to maintain privacy and confidentiality.
- Staff confirmed they encouraged people to remain independent. A staff member told us, "I encourage [person's name] to do what they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care records had limited information about people's personalised care needs, life history and things that were important to them.
- The registered manager and care coordinator told us about the improvements they were making to care records and people's involvement in their care and ensuring the care records were more detailed. We saw that these improvements had already commenced.
- Staff were knowledgeable about people's needs and people we spoke with confirmed this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records contained minimal information about people's communication needs.
- The provider was able to produce documents in other formats if required.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. Some people we spoke with told us that things had improved greatly. One person told us, "There has been a good shake up, it needed to happen. I wasn't happy with things. They [registered manager, care coordinator] came out to see me. Now everything is good. They told me they would sort it and they have. I am very happy now. I get the care call on time and staff do what they should be doing."
- We saw that not all complaints had been captured in the providers records. However, when we spoke with the care coordinator they were able to tell us what actions had been taken in relation to any concerns raised

End of life care and support

- There were no one that required this level of support at the time of the inspection. The new care plan format that was being developed will include people's choices and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems in place for oversight of the service were not robust. The audits undertaken had not identified or effectively prioritised where improvements needed to be made or improvements had not been made in a timely manner.
- For example, there were systems in place to monitor staff recruitment practices however, these had not identified the concerns we found during our inspection. Recruitment practice was not robust and did not ensure that the providers own policies were followed.
- There were systems in place to audit care records and risk assessments. However, the audits had not identified that people's records lacked detail about their care needs and the management of risks
- There were systems in place to monitor staff performance and competencies. However, these had not been implemented fully. For example, supervision and observation of staff practice was infrequent and did not take place in line with the providers policy and procedures.
- Information detailed in the providers information return (PIR) was not a true reflection of what we found during our inspection. For example, the PIR told us that staff would have a minimum of four supervisions and an appraisal annually and this was not happening in practice.

The providers systems had not been effective at identifying risks and improving the quality of the service. This is a breach of regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and the care coordinator told us that the service had recently experienced an unsettled time and a number of staff changes had taken place. This included office-based staff who had been responsible for coordinating the service and supporting staff. A new staff structure had been implemented and a new care coordinator was in place, another care coordinator was due to join the team shortly. The registered manager told us they felt confident with the new team in place the planned improvements would be made. We saw evidence that work was taking place to make the improvements needed and this was confirmed by the people and staff we spoke with.
- The provider understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong;

- The provider was aware of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people;

- The provider asked people, staff and relatives for their views on the service. Feedback was collated from staff meetings and informal discussion and was used to develop service provision. ● People told us that the service had improved, and they had received a recent visit from the management team to ask their views about the service. One person told us, "Things have improved I am very happy with everything."
- Staff were confident to make any suggestions for improving people's care through staff meetings and contact with the management team. A staff member told us, "I haven't been working here very long but I am pleased with everything. The new care coordinator is very good, and things are well organised now. For example, care calls are more organised now, so we are not losing time zig zagging around through traffic. I am very happy with everything."

Continuous learning and improving care; working in partnership with others

- The provider worked in partnership with the local authority and with other healthcare professionals

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems had not been effective at identifying and taking action on improving the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The recruitment processes in place were not robust.