

Spring Cottages Home Care Limited

Crisis East

Inspection report

Suite 1C, Link 665 Business Centre
Todd Hall Road, Haslingden
Rossendale
BB4 5HU

Tel: 01706941844

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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

About the service

Crisis East is a domiciliary care service providing personal care to people living in their own homes in the short term before a permanent package of care can be arranged. The service provides support to older people and those living with dementia or a physical disability. At the time of our inspection there were 73 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were not always protected from the risk of harm or abuse. Safeguarding referrals were not always made where there had been an allegation of abuse. Recruitment practices were not always robust and relevant checks had not always been undertaken. Risk assessments relating to people's health needs and the environment were in place, but these records required more detail to keep people safe. We made a recommendation about this.

People's needs were assessed and recorded in their support plans, but they required more detail regarding communication and mobility to ensure staff could support them safely. We made a recommendation about this.

Care was not always personalised to meet the needs of the people who used service. People felt their needs had not always been considered which impacted on the care they received. We made a recommendation about this. People's communication needs were not always explored in enough detail and care records did not evidence how to ensure people could communicate effectively with staff who supported them. We made a recommendation about this. We received mixed feedback on the complaints process at the service. Complaints that involved allegations of abuse were not always escalated to the local authority.

Quality monitoring processes were not always effective as they didn't identify the issues we found relating to safeguarding and safe recruitment. The registered manager had not always notified the CQC of notifiable events.

Infection prevention and control practices were effective, and the registered manager understood the importance of using a lessons learned process when things go wrong.

Records evidenced people were supported to eat and drink enough to maintain a balanced diet. Staff received training that was relevant to their role and had regular supervision from the registered manager. The service worked alongside other agencies to ensure that care and support met people's changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who respected their privacy, dignity, and independence. People praised the staff approach and spoke highly of their attitude towards providing care. People felt involved in providing feedback on the service they received and there were plans in place to improve this process further.

Staff spoke positively about the registered managers approach and told us that they felt valued and supported. The service understood the importance of partnership working and we saw involvement from other agencies to provide effective care to people.

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

Rating at last inspection

This service was registered with us on 16 March 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to safeguarding, fit and proper persons employed, good governance and notification of other incidents.

We have made recommendations regarding assessing risk, person centred care and meeting people's communication needs.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Crisis East

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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 20 March 2023 and ended on 24 March 2023. We visited the location's office on 20 March 2023 and 21 March 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 17 November 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 9 relatives on the telephone. We spoke to 9 staff members either in person or on the telephone. This included the registered manager, care-coordinators, a senior carer and care staff.

We reviewed 7 peoples care records as well as records relating to medication and risk assessments. We reviewed 4 staff recruitment records and a variety of records relating to the management of the service, including audits, policies and procedures and complaints.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. We found evidence of allegations of financial abuse from relatives of people who used the service, which were recorded in the complaints log. These had not been reported to the local authority.

The provider had not ensured that allegations of abuse were reported to the relevant organisations. This was a breach of regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training in safeguarding and knew how to spot the signs and indicators of abuse. A staff member told us, "It's important to report concerns around abuse, noticing the signs and symptoms and how to pick them up."
- There was a safeguarding policy in place which staff had access to. Staff understood the concept of whistleblowing and how to escalate concerns outside of the organisation.

Staffing and recruitment

- Staff were not always recruited to the service safely. Right to work checks were not always completed by the provider and gaps in employment history for staff members had not always been explored or explained.

The provider had not ensured that staff recruitment practices were safe. This was a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed a DBS check before starting work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People spoke positively about the staff who supported them who were described as "Lovely", "Fantastic," and "Polite."
- The senior carer completed competency checks of staff members to ensure that they were providing safe and effective care.

Assessing risk, safety monitoring and management

- Risks to people and the environment were not always assessed and monitored to keep people safe.
- Risks relating to people's home environments had been assessed for staff members and people's individual health needs had been recorded in their care plans. However, risk assessments did not always

outline what control measures were in place to mitigate the risks.

We recommend the provider reviews their risk assessment process.

- There were contingency plans in place for unforeseeable events. Staff told us how they respond to accidents and incidents when supporting people in their homes.

Using medicines safely

- People received their medicines as prescribed. Medication risk assessments were in place, but these were not always fully completed. The registered manager took immediate action to rectify this.
- Staff completed a medication administration record for all medicines support. This was uploaded onto the electronic care planning platform which the registered manager had oversight of. We reviewed these records during the inspection and found that they had been completed accurately.
- Staff received medication training and a subsequent assessment for their competency to administer medicines safely.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- Staff told us they had access to personal protective equipment (PPE) and had received training in infection prevention and control. There was an infection prevention and control policy to support this.
- People we spoke to confirmed that staff wore the correct PPE when providing care and support.

Learning lessons when things go wrong

- There was not always a formal lessons learned process in place for when things go wrong. However, the registered manager had recently introduced a new audit tool which identified opportunities for lessons learned processes. Records identified open dialogue with the registered manager and the staff team to share ideas for improvement and learning when mistakes had been made.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed but these records required more detail. Where people had mobility aids, the necessary support they require with these was not always recorded. People's communication plans required more detail to ensure that people's communication needs were met. Some care plans had contradicting information, making it unclear how to best support people in line with their current needs.

We recommend that the provider reviews their care planning process to reflect best practice.

- Staff understood the importance of promoting choice when providing care. They told us, "When someone can make choices, it's about respecting those choices" and, "Person centred care is about individual choices and preferences. You can't do everything for everyone the same way."

Staff support: induction, training, skills and experience

- Staff received an induction before starting work as well as competency assessments to ensure that they could provide care safely.
- Staff completed training to make sure they had the correct skills and knowledge to support people. Training records were up to date and staff received training both in person and online.
- Staff received regular supervision and they spoke positively about this process. A staff member told us, "The supervisions are always very detailed and I'm always learning."

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

- People were supported to eat and drink enough to maintain a balanced diet
- Care notes evidenced staff support with food and fluids. The registered manager had oversight of these records on the electronic platform so consumption of food and fluids could be monitored.
- Care plans outlined if people needed support with food and fluids and guided staff on how to support them in this area.

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

- Staff worked with other agencies to provide care that was tailored to people's needs.
- Records evidenced staff members working alongside district nurses and occupational therapists to ensure that support was modified in line with people's changing needs.
- Where people had changing needs, care staff had identified this and informed the registered manager so

appropriate referrals and assessments could be undertaken.

- The organisation worked with other domiciliary care agencies to share information and help to plan for future care and support packages for people.

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

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 MCA 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. 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

- The registered manager understood the principles of the MCA and staff had received training in this area.
- Staff understood the importance of obtaining consent when providing care and allowing people to make choices. Staff told us, "Consent is very important, especially when going into someone else's home" and, "They [people who used the service] have a right to choose what they want to do. You have to support and empower them. You have to listen, that's the key."
- People had signed their care plans to consent to the care and support that was being provided.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who respected and supported them
- Relatives told us, "The care is absolutely fantastic," "[Staff member] was brilliant, really good with [relative], interactive with her" and, "They [staff] come when they are supposed to, do what they are supposed to do, and they are all very kind and friendly."
- People told us they were supported by staff who treated them well. They said, "The crisis team I can't fault, they come in have a chat, do what I need them to do. I can't praise them enough and I couldn't have done it without them" and, "They haven't missed anything. They are very good, very polite, and very nice."

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

- People were invited to complete a feedback form on the care they received. The registered manager planned to analyse these to help improve the quality of the service.
- People were at times, only supported for a few hours or days, making it difficult for people to express their views on the care they received. As a result, the registered manager had introduced telephone surveys twice a week to help capture people's views and make improvements.

Respecting and promoting people's privacy, dignity and independence

- Staff were very knowledgeable in supporting people in a way that promoted and respected their privacy, dignity and independence.
- Staff told us, "If they [people that used the service] are capable of walking we encourage that, and to make drinks themselves. If they can wash themselves, we promote that, why should we take that independence away from them if they're capable of doing it themselves? We try to involve people" and, "Anything they can do themselves I allow them to, I just assist where they can't."
- People spoke positively about the staff approach which was described as "Dedicated," "Respectful" and, "Brilliant."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- We received mixed feedback regarding people having choice and control to meet their needs and preferences.
- One person told us, "I don't even know what they are supposed to do when they come. No-one has been in touch with me or my son to discuss what I need." A relative told us, "A male carer came with a female carer, and I sent them away. Neither my partner nor I want a male carer to be giving [relative] a bed bath. I don't understand why they can't do as we ask."
- Due to the nature of the service, people were not always sure if their package of care could continue after a set period of time. A relative told us, "We would like for [person who used the service] care to continue for a bit longer, but I don't know who to contact and no one has contacted me."

We recommend that the provider reviews their care planning process to ensure that it addresses people's needs and preferences in more detail.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always recorded in their support plans. This meant that at times it was unclear on how best to communicate with people that used the service, and what they're preferred method of communication was.

We recommend that the provider reviews their system for recording people's communication needs.

- The registered manager understood the Accessible Information Standard and there was a policy in place to support this.

Improving care quality in response to complaints or concerns

- The registered manager kept records of each complaint made and the subsequent actions taken to resolve them. This did not always include involving other relevant authorities such as the local authority where allegations of abuse had been made, as mentioned in the safe section.

- The registered manager undertook investigations to resolve complaints and there was a complaints policy to support this.
- People gave us mixed feedback on raising complaints. A relative told us, "This is the second time [person who used the service] has had the Crisis team and they have not given her medication, this happened last time too". Other relatives said, "I have no concerns" and, "As far as I know, mum has been very happy with this team."
- There was no system in place to analyse complaints for key trends or patterns that could improve the service provided to people. However, the registered manager had introduced a new monthly audit that helped to analyse complaints with more scrutiny to help identify trends and patterns so that care could be improved in response to people's concerns.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care.
- Staff had received online end of life training and classroom-based training in advanced care planning and end of life from a local hospice.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- We were not assured of the registered manager's understanding of their regulatory responsibilities. The registered manager had not always informed the CQC of notifiable events. Records evidenced incidents where there had been involvement from the police in relation to alleged theft and people being put at risk. The registered manager did not fulfil their regulatory requirements as statutory notifications had not been submitted to the CQC for these incidents.

The provider had not notified the CQC of notifiable events. This was a breach of regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009.

The provider took action to ensure that the notifications were sent retrospectively.

- The manager had recently introduced a new monthly audit tool that included monitoring of medicines, complaints, recruitment files, safeguarding referrals and CQC notifications. The system prior to this had not identified the issues we found in the safe section, where safeguarding referrals were not made when they should have been. Prior to this new system, there was no recorded checks of recruitment files which would have identified the shortfalls we found with safe recruitment practices. Weekly medicines audits were in place, but these lacked detail and did not ensure that checks of people's medicines were robust and effective.

The provider had not ensured that quality monitoring systems were effective. This was a breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff understood their responsibilities. They were provided with job descriptions and had access to a range of policies and procedures relating to their work.
- The registered manager had oversight and regular support from the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the approach of the registered manager. Staff told us, "She's supportive. If I had a problem, I know I could go in and tell her, she is approachable. She is open minded, and her door is

always open" and, "She is really good, she goes that extra mile. Not just for me, but the rest of the staff. She supports us really well."

- Relatives spoke positively of the good outcomes that their loved ones received. A relative told us, "We have found the carers to be absolutely fantastic. My partner has got so much better since she has come out of hospital."
- Staff told us morale within the service was good and they felt supported, valued, and listened to. People and their relatives spoke highly of the staff approach.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, and staff were asked for feedback so the provider could improve the delivery of the service.
- Staff meetings were taking place and the registered manager ensured that everyone could attend by holding meetings over successive days. A staff member told us, "We get the team in, [registered manager] makes sure that everyone can attend. She gives everyone an opportunity and an empty agenda gets sent to staff so they can add to it"
- The registered manager understood the need to make improvements in gaining feedback from people that use the service. There was a development plan that outlined obtaining more frequent feedback that could be monitored and analysed.
- Staff spoke positively about being engaged with the registered manager who was described as "Supportive" and, "Understanding."

Continuous learning and improving care; Working in partnership with others

- The registered manager had regular meetings with the local authority and commissioners to ensure that care could be delivered promptly and safely.
- The service worked alongside other care providers when proving support to people and believed strongly in information sharing to ensure people's needs were met.
- The registered manager was open and receptive to feedback during the inspection and was committed to continuous learning and improving care.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not always notified the CQC of notifiable events. Regulation 18 (1)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure people were protected from the risk of abuse. Safeguarding incidents were not always reported to the relevant authorities. Regulation 13 (3)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement and operate effective systems to maintain the safety and the quality of the service. Regulation 17 (b)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not operate safe recruitment procedures to ensure the suitability of all staff employed. The provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (2)