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Blue Crystal Care Agency

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 3 December 2015 and was announced, which meant we told the provider 48 hours in advance that we would be coming.

This was the first inspection since registering the agency with Care Quality Commission on 21 November 2014.

Blue Crystal Care Agency is a small domiciliary care service, which provides care in people's homes. During the day of our inspection the service provided personal care support to three people and had two care workers employed. At the time of our inspection the provider also acted in the role of the 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.

Policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) ensured that people who could not make decisions for themselves were protected. Care workers demonstrated a good understanding of how to obtain consent for care from people who used the service.

People's health care needs were assessed, and care planned and delivered in a consistent way. Risks associated with people's care needs were assessed and updated when needs had changed.
Care plans were tailored to people's unique and individual needs.

Care workers were provided with mandatory training, for example safeguarding adults, manual handling, food safety and medicines awareness. One care worker had already achieved health and social care qualifications.

People who used the service told us that staff respected their privacy and dignity and worked in ways that demonstrated this.

People who used the service said, and care records confirmed that people's preferences had been recorded and that staff worked well to ensure these preferences were met.

People told us they were able to complain and felt confident to do so if needed.

People who used the service, relatives and care workers told us that they provided their views about the quality of the service to the registered manager and were confident that actions would be taken to address suggestions for 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. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

Risk assessments for people who used the service and staff were in place and reviewed.

Staffing levels to meet the needs of people who used the service.

Appropriate medicines training and medicines administration procedures were in place to ensure medicines was provided safely.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs and regular training was provided.

Staff were aware of the requirements of the Mental Capacity Act 2005 and how to obtain consent from people who used the service.

People were supported to eat and drink according to their plan of care if required.

People's health care needs were met and records documented the support required from care staff.

Is the service caring?

Good

The service was caring. People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff provided respectful care and were aware of people's privacy.

People had opportunities of getting involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. People and their families were involved in decisions about their care. Staff understood how to respond to people's changing needs.

People knew how to make a complaint. People were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Systems were in place to ensure the quality of the service people received was assessed and monitored and action taken to improve the service as necessary.

Blue Crystal Care Agency

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 3 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

One inspector carried out this inspection.

We viewed three care records, two staff records and other documents relating to the care provided by the agency. We looked at other records held at the service including staff meeting minutes as well as health and safety documents and quality audits and surveys.

We spoke with one person who used the service, received feedback from two relatives, spoke with one care worker and the registered manager.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe with their care worker. One person told us "I feel completely safe with my care worker; she looks after me extremely well." One relative told us "My father has a very good relationship with his care worker and he is absolutely safe, otherwise I wouldn't use the agency."

Care workers had received safeguarding training and regular annual refresher training to update their knowledge and skills. We asked one care worker about this and they were able to tell us about the signs of abuse and to whom and how to report abuse. The care worker told us that, "I will tell the manager if there is anything going on." Since registering with the Care Quality Commission (CQC) we did not receive any safeguarding alerts. We viewed the provider's safeguarding procedures which were of appropriate standard and the registered manager demonstrated a good understanding of how to report and appropriately deal with allegations of abuse. The care worker we spoke with told us about reporting abuse to the registered manager, the local authority or CQC. The local authority undertook a monitoring visit in March 2015 and did not have any concerns in regards to agency practice around adult protection.

We looked at two staff recruitment folders. These showed the provider had carried out appropriate pre-employment checks. For example, two references, Disclosure and Barring (criminal records) checks and proof of identity had been obtained for each of the staff.

People who used the service told us, "carers know what they are doing and they are the right people for the job."

We saw that environmental risk assessments were carried out as part of the initial assessment of need. These included the risks of tripping, risks from hazardous substances, and use of equipment such as hoists. The provider's procedure was that in the case of privately funded people, families would be responsible for the repair of the equipment. In cases where services were commissioned by Local Authorities or Clinical Commissioning Groups, faulty equipment was referred to the commissioning authority.

People's records confirmed that health and mobility needs were assessed and appropriate falls and manual handling assessments were put into place. The care worker told us that they were aware of these and they were part of the reviews. We saw that all risk assessments had been reviewed by the registered manager, the care worker, the person or/and their representative. Risk assessments were updated annually or earlier if the person's circumstances had changed. For example, one of the records showed that a person's mobility had decreased due to ill health and the risks had been reassessed to ensure that the person was supported safely.

There were two care workers in permanent employment with the agency. The registered manager was also involved in providing care to people who used the service. People told us that they had no problems with the arrangements of staff and never had any issues with visits being missed. The registered manager told us that staffing was discussed during care plan reviews or if needs of people had changed.

One relative and one person told us that staff supported them in taking medicines. The care worker we spoke with and training records of both care workers employed showed us that all staff had been trained in the administration of medicines. An up to date medicines administration procedure was in place. People who used the service requiring support in the administration of medicines had a detailed medicines administration assessment in place and a medicines information sheet. This ensured that people who used the service were protected from medicines not being administered appropriately.

Good

Is the service effective?

Our findings

People who used the service and relatives told us that staff had appropriate skills and knowledge to meet their needs. One person told us "I have a regular carer; she knows exactly what to do, she understands me well and it looks like she had the right training." A relative spoken with made similar positive comments "Our carer is fantastic, I know that he had training, we have no concerns."

Both staff records viewed showed that care workers received an induction which included theoretical and practical training. The practical induction training included shadowing with the registered manager for a period of three days. The theoretical training care workers received included, dementia training, food hygiene, medicines awareness, manual handling, first aid and safeguarding adults training. All staff had a personal development plan in place, which was discussed during supervision sessions. One care worker had completed a qualification in health and social care. Care workers received regular supervisions with the registered manager. One care worker told us "The training is good and easy to get, I meet the manager often and can call her whenever I want to." None of the care workers had received an annual appraisal, as none of the care workers had worked with the agency for one year.

None of the people currently receiving personal care from the agency had any capacity issues and were able to consent to the care provided. Part of the initial assessment was a consent form asking the person if they agreed with receiving personal care from care workers, which had been signed and agreed by people who used the service. The care worker spoken with was fully aware of the Mental Capacity Act (MCA) 2005, and gave good practice examples in how he would involve people who used the service in their care and what questions to ask to ensure that the person agreed to the care provided.

People who used the service received some support with their hydration or nutrition. We saw in one of the care plan folders, that a menu had been agreed with the care worker. The registered manager told us that the person suggested the meals documented and part of the persons support plan was to go food shopping with care workers. Relatives told us that they were satisfied with the meals provided and cooked by care workers and that they never had any issues to raise with the agency.

Part of the person's care plan was a record of the person's medical history and what particular support the person required. All people who used the service had family carers who were dealing with the day to day care and arranged all health care appointments for people who used the service. We saw in all care plans viewed that people had a general health risk assessment in place, which included aspects such as breathing, memory, sight, behaviour, continence and pain management. This information was included in their care plan if the person had any particular needs in these areas.

Good

Is the service caring?

Our findings

People who used the service told us that care workers were caring. One person told us, "My carer is very good, she looks after me well and she would go the extra mile if I ask her to do something extra." A relative told us "My father and the carer have a great relationship; they get on very well with each other." People also told us that care workers respected their privacy and dignity. For example "They always close the door when they help me in the bathroom and curtains are always closed." During our discussion with staff they talked about the people they supported in a kind and compassionate way and were passionate and enthusiastic about their work.

All the people we spoke with said their privacy, dignity and independence were respected by staff. One person told us, "They are kind and respectful." Another person said, "They talk to you respectfully and treat you with dignity and respect." Staff spoken with gave good examples of how they ensured people's privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement, making sure doors and windows were kept closed whilst providing personal care and people were covered when they received support with their personal care. We also heard that staff supported people at the person's own pace and encouraged them to do as much for themselves as possible. Care records were written in a way which showed that respect, privacy and dignity formed an integral part of each person's care plan. The care worker spoken with told us "I will always make sure that the door is closed when I support the person and cover them up with a towel when we go from the bathroom into their bedroom." People who used the service gave similar positive examples of how their privacy and dignity was maintained.

We saw in one care plan that the agency ensured people's cultural needs were respected. The agency matched care workers who spoke the same language as people who used the service where possible. The registered manager told us that one person in particular requested a care worker who understood their culture and language. This ensured that consistent person-centred care meeting the person's cultural and ethnic needs was provided.

People's personal information was safely stored in a lockable cabinet in the agency's office. Records relating to people's care were kept in the person's home. One person said "The folder they make notes in is in my bedroom, I am not worried that anybody else can see it."

Good

Is the service responsive?

Our findings

People who used the service told us that they received the care as planned. They also told us that they were satisfied with the care workers provided by the agency. One person said, "The manager came around when I started using them to discuss what help I need." The registered manager told us that if people were not happy with the care workers provided, they would try to find an alternative, but at the time our inspection there had never been any concerns.

The provider carried out an assessment of needs during a home visit when people first accessed the service. People who used the service told us that they had been involved and consulted about their needs, choices and preferences. From the information obtained during this assessment the service developed a support plan. The plan specified the support the person required. This information was also used to match care workers with people who used the service.

We viewed three support plans. All had sufficient detail of how care should be provided. For example, one support plan provided information about a morning call each day, to provide personal care. There was sufficient detail of how this should be done. This included the number of staff required to carry out the support and the time taken and needed to carry out the support. People who used the service or their relatives acting on their behalf had signed the support plan to indicate they agreed with how their support was provided.

We saw daily records of the support undertaken on each visit and any relevant observations made about the person's health and wellbeing.

We saw that care records were reviewed annually or earlier if people's needs had changed. One person told us, "The manager comes regularly to chat with me about the care and would call me to check if everything is ok with the care and care workers provided. This is very good and I can tell them if I want anything changed."

Care workers explained how they understood and read peoples support plans and how they would confirm these with people who used the service. We saw that care plans took peoples cultural and ethnic needs into consideration.

The provider had a system in place to log and respond to complaints. The records showed the dates and action taken by the provider in response to the complaint. They had been investigated and resolved to ensure people received the care they expected. The provider did not receive any complaints since registering with the Care Quality Commission. People who used the service said "I don't have any complaints, but I would call the office and they will sort it out" and a relative told us "We would contact the manager if we had any concerns, but the care is outstanding."

Good

Is the service well-led?

Our findings

People who used the service told us that they speak to the registered manager regularly. One person told us "I see or speak with the manager at least once a week. As a matter of fact, I only spoke to her yesterday." Care workers told us "The manager is very helpful I can ring her whenever there is something I want to discuss with her."

Staff said that the registered manager was open and accessible to discuss professional and personal issues. Staff told us that it was made clear to them the standard of work expected and they had received training in how to treat people with dignity and respect. Staff said that meetings were held regularly, however these were not necessarily formal. Staff said "If I have any issues I just call the manager and she will come around so we can discuss the issue, this is good and gives me an opportunity to discuss any issues." We saw that issues relating to quality of care, staffing, policies and procedures and performance were discussed during staff meetings.

We viewed in care plans that an annual formal review meeting was arranged with the registered manager, the person and or their representative. During these meetings we saw that the care provided was discussed and any changes to the person's care were agreed. For example, one person requested in one of the review meetings to have the timing of the visits changed and we saw that this had been arranged and care workers arrived a little later which suited the person better.
While the registered manager told us that so far no annual quality assurance questionnaires had been send to people who used the service and an annual quality assurance review had been carried out. We saw the templates which the registered manager was planning to use in January 2016, which would be one year after the provider commenced to support people in their home.

We saw that complaints, concerns, accidents and incidents were analysed and learning implemented to improve the service. Staff told us that they would record any incidents and would always speak with the registered manager about the incident to see if they could make any improvements. However that staff we spoke with told us that there had been no incidents. This showed that the service had systems in place to learn from incidents and adverse events.