

Ms Latha Kathirkamathamby

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 19 October 2017 and was announced.

Blue Crystal Care Agency is a small domiciliary care service, which provides care in people's homes. The service provided personal care support to two people and had three care workers employed. At the time of our visit 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.

At the last inspection on 3 December 2015, the service was rated Good.

At this inspection we found the service remained Good.

The provider had appropriate systems to record safeguarding concerns, incidents and accidents and appropriate actions were taken when required. Risk management plans were in place and had been reviewed to ensure risk to people who used the service was minimised. The provider followed safe recruitment practices and care workers had been checked appropriately prior to working with people who used the service. Staff had received training in the safe administration of medicines and people were supported when required in taking their medicines.

Care workers had been appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible. The policies and systems in the service did support this practice. All people who used the service had capacity to make their own decisions. Where required people were supported to have a nutritious food and fluid intake.

People told us care workers were caring towards them. Care workers we spoke with understood the importance of high standards of care to give people meaningful lives. People told us the staff who visited them treated them with respect and dignity.

Care was planned effectively and people, their relative and their designated care worker were involved in this process. People who used the service and their relatives knew how to raise a concern or to make a complaint. The service had not received any complaints since our last inspection.

The service used a variety of methods to assess and monitor the quality of the service. These included regular spot checks by the registered manager, weekly phone calls carried out by the registered manager, regular care plan reviews as well as visits by the registered manager to provide personal care if regular care workers were on holiday. Where people had raised concerns about their visits these had been listened to and addressed appropriately. The registered manager and staff were clear about their roles and

responsibilities and were committed to providing a good standard of care and support to people in their care.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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 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 visit took place on 19 October 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in their own home. We needed to be sure that we could access the office premises.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people the service supported.

During our inspection we spoke with one person who used the service, one relative, two care workers and the registered manager.

We looked at the care records for two people receiving personal care, recruitment records of three staff members, the training matrix and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives told us that they felt safe with the care workers. A person using the service told us, "I have a regular carer, she is wonderful and I am in safe hands." One relative told us, "[Care workers name] has been coming to us for over two years, he is excellent and our parent is in very safe hands."

The agency had policies and procedure in place to minimise the potential risk of abuse and guide care workers how to respond to allegations of abuse appropriately. Care workers were clear about the different forms of abuse and what identified it. All staff had received up to date safeguarding adults training. They told us if they had any concerns they would always inform the registered manager, but could also contact the police, Care Quality Commission (CQC) or local authority if they wished to do this. The agency had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

We found in care records a number of risk assessments and risk management plans, these included manual handling risk assessments, falls risk assessments, medicines risk assessments and environmental risk assessments. People who used the service and relatives told us that they had been involved in the risk assessment process and care workers told us that their advice was also sought to ensure the risk assessments were specific to the person and the environment they lived in. Where potential risks had been identified the actions taken by the service had been recorded. Training records seen confirmed staff had received moving and handling and health and safety training to ensure they had the knowledge and skills to support people safely when they delivered care.

The provider followed safe recruitment procedures. We saw that all care workers had an interview and prior to the position being offered had to provide various documents to prove their identity, their address and demonstrate that they were safe to work with vulnerable people. We found that care workers had skills, knowledge and experience required to support people with their personal care. Care workers were matched with people based on their gender requirements and ethnic background if possible. For example, one relative told us, "We have a male carer, who speaks also a little bit of our language." This demonstrated that the registered provider considered ethnic and cultural background when matching care workers with people.

People who used the service told us that they managed their medicines independently, but sometimes a care worker would ask them if they had taken their tablets. Care workers had received training in the safe management of medicines. Appropriate risk assessments were in place to ensure robust guidance was provided for staff to safely support people in the administration of medicines if this was required.

Is the service effective?

Our findings

People who used the service told us that staff were knowledgeable and had the right skill to support them. One person told us, "[Care workers name] is very good; I know she had received training and she looks after me perfectly." One relative told us, "[Care workers name] is very experienced; I know he also worked in care homes and he told us that he had a lot of training."

Training records showed that staff had access to a wide range of training, which included manual handling, medicines administration, safeguarding, and person care and infection control. All new care workers had received a full induction which last one week and included practical as well as theoretical elements and was based on the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Care workers also told us and records confirmed this that they had received regular supervisions and appraisals.

All people who used the service had capacity to make their own decisions. People who used the service 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 support this practice.

People who used the service currently required no support around eating and drinking, they did this either independently or were supported by their relatives.

Care records included contact details of people's General Practitioner (GP) so care workers could contact them if they had concerns about a person's health. People we spoke with said that their health needs had been met. One person told us, "Following a recent hospital stay my care worker really helped me to get back onto my feet."

Is the service caring?

Our findings

People supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "I always have the same carer, and she is wonderful and does do more than I expect from her, I couldn't be without her." One relative remarked, "[Care workers name] has a great relationship with my relative, I observe them very often when they sit together and chat about anything."

We saw in care plans that people who used the service and relatives had been fully involved in the discussions about the care and support provided. Care records had been signed and agreed by people who used the service or their relatives.

People who used the service told us that they were listened to and could always tell their care worker how they would prefer the care provided. One person told us, "My care plan was discussed with me, together with my relative."

Staff had a good understanding of protecting and respecting people's human rights. For example, they told us all people they supported were individuals and as such they liked the care provided in their own preferred way. One care worker told us, "I know [person's name] very well, but I will always ask her how she wanted to be supported and if she wanted anything extra."

Staff we spoke with showed good understanding and appreciation of people's individual needs around privacy and dignity. For example, care workers told us that they would always draw the curtains and close the doors if they supported someone intimately. One care worker said, "Of course I would close the curtains and doors, there is no difference when I support [person's name] to what I do at home." People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity when receiving personal care.

Is the service responsive?

Our findings

Care provided was focused on people's individual needs, preferences and routines. People told us, "I have a care plan and it was discussed with me, I am also able to add and remove things if I need to, I find the agency very flexible. If I need more help I just call [registered managers name] and she sorts it out immediately. I couldn't be happier with the agency."

Care plans viewed were detailed and provided guidance to ensure care was provided in line with the person's choices and needs. We saw that care plans had been reviewed annually or when people's needs had changed. For example, one person's mobility had improved since they received care and support for Blue Crystal Care Agency and this had been documented in the person's care plan. Their care plan stated, "[Person's name] is walking much better, staff to ensure and walk with her in the garden." The person told us, "When the weather is good we go for a walk, this helps me to stay independent."

The agency had a complaints procedure which was made available to people who used the service and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. The agency did not receive any complaints since our last inspection; however, people who used the service told us that they were confident in raising any concerns with the registered manager. One person told us "If there is anything, I just call [registered managers name] and she will deal with it, but I have no concerns at all."

Is the service well-led?

Our findings

The registered provider was also 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.

People who used the service and their relatives spoke very positively about the registered manager. They told us the registered manager was 'approachable', 'easy to talk to', "listens to concerns", 'is helpful' and 'is fantastic'. Care workers made similar positive comments about the registered manager. One care worker said, "I can always talk to her, if I have a problem, she is so helpful and really cares about us and the people we support."

The service had no formal system in place to obtain people's views. However, the registered manager was hands on and spoke to people who used the service, relatives and care workers on a regular basis. One person told us, "[Registered manager name], I speak with her at least once a week, if there is anything going on she would know and I am confident she will sort it out." One care worker made similar comments, "I speak to [registered manager] almost every second day and I have regular supervisions and we have team meetings, if there is anything I would tell her."

The registered manager carried out regular spot checks, where she visited people's homes unannounced to see if care workers turned up on time and provided the care in accordance with the person's wishes. This ensured care was monitored and any improvements could be made to the quality of care provided.

We also saw that feedback received during these visits included overall satisfaction with the service and staff who were described as "very good". One person had told the registered manager, "I am very happy with my carer, she is excellent."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GP's, district nurses and organisations such as Age UK. This meant people's needs were met holistically and care practices could be improved if required.