

Crescent Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection site visit took place on 31 July 2018 and was unannounced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults. On the day of our inspection there were 165 people receiving the regulated activity of personal care.

Not everyone using the service receives regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were consistently supported to have choice and control over their own lives from being supported by sustained person-centred care. Person centred care is when the person is central to their support and their preferences are respected.

We found the culture of the service was extremely positive, person centred, inclusive and forward thinking. We spoke with a range of professionals, families and staff who were confident that crescent always went above and beyond their remit to enable and support people. Staff had excellent knowledge of people's likes, dislikes, preferences, mobility and communicative needs.

The service was extremely well led, leadership, management and governance of the service assured the continual delivery of high-quality, person centred care by staff who worked within an open and fair culture.

The management was very passionate about ensuring staff were always valued highly, supported, equipped with information and empowered to be confident, attentive, caring and knowledgeable.

The service was committed to valuing community engagement and developed positive partnership working. By establishing working relationships with community groups and organisations in the local area.

The service showed continual commitment and dedication and went over and above their remit in ensuring clients received their care in adverse weather conditions.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC 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. The registered manager had extensive experience of working in the social care sector and a passion for valuing people and staff.

Staff, people who used the service, relatives and other professionals agreed that the registered manager led the service very well and was always approachable and accountable. We found they had excellent knowledge of the needs of people who used the service and clear expectations of staff. They had plans in place to make further improvements to service.

People were actively supported to maintain their independence by staff that were patient, equipped with information and knowledge and valued the importance of this.

People who used the service and their representatives were regularly asked for their views about the support through questionnaires and feedback forms and visits that were responsive and proactive.

Care plans were person-centred and covered giving members of staff and external professionals relevant information when providing care to people who used the service. Care plans were reviewed regularly with the involvement of people who used the service and their relatives.

Notifications of significant events were submitted to us in a timely manner by the registered manager.

Medicines administration was safe. This was regularly audited and staff competencies monitored by senior staff.

People were supported to take risks safely and personalised risk assessments were in place to ensure people were protected against a range of risks.

Staff had received safeguarding training and were able to describe types of abuse and what they would do to report concerns and protect people.

New staff received induction training and were accompanied and supported by dedicated mentors called 'care coaches' to enhance their induction and extend it if necessary.

There were sufficient staff to meet people's needs safely, with travel time included and supervision checks undertaken to ensure staff completed care visits as agreed.

Staff were trained in safeguarding, first aid, moving and handling, the Mental Capacity Act, infection control and food hygiene. Additional training was in place or planned in areas specific to people's individual needs.

The registered manager displayed a sound understanding of capacity and the need for consent on a decision-specific basis. Consent was documented in people's care files and people we spoke with confirmed staff asked for their consent on a day to day basis.

A programme of audits was carried out by the registered manager and these were effective at improving the service.

People and their relatives were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service remained good.

Good ●

Is the service effective?

This service remained good.

Good ●

Is the service caring?

This service remained outstanding.

Outstanding ☆

Is the service responsive?

This service remains good.

Good ●

Is the service well-led?

This service remained outstanding.

Outstanding ☆

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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.

The inspection site visit activity took place on 31 July 2018. It included a visit to the location to speak with the registered manager and to review care records, policies and procedures and carried out face to face interviews with staff. We also spoke with people and their family members during telephone conversations. The inspection was carried out by one adult social care 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.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, the operations manager, a supervisor, and five care staff. We spoke with nine people who used the service and seven relatives over the telephone.

We looked at six people's care plans, risk assessments, three staff files, policies and procedures, surveys, meeting minutes, six people's medicines records, audits, scheduling system and associated processes.

Is the service safe?

Our findings

People who used the service told us that they felt their support was safe. They told us, "Yes I am safe, no question." A relative told us, "I feel my husband is in very safe in their hands and is happy himself."

When we spoke with other healthcare professionals about the service they were positive about how the provider provided safe care and support and one professional told us, "I have always had a lot of faith in Crescent that they will provide a very high standard of care and they have always raised concerns with me in a timely and appropriate manner."

People's medicines were managed safely and in line with current guidance to support best practice. Staff administering medicines had received training and had their ability to administer them assessed regularly by the registered manager. People who received topical medicines and creams had body maps in place to instruct staff. People's relatives told us they felt medicines were given and in a safe manner. One relative told us, "They administer medication daily from the box and carers complete a report every visit - in fact there is a diagram there showing the carers where they need to put this special patch on my relative each evening - as it needs to go on a different place every night - never a problem."

People who used the service had individualised risk assessments to enable them to take risks in a safe way as part of everyday living. Staff were knowledgeable about the risks to people and what they should do to minimise the risks, for example, making sure people's key safes were locked and any trip hazards were avoided.

The provider tracked safeguarding events through their governance procedures. The registered manager investigated all safeguarding incidents. Staff had received safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "I would report to the manager, right away."

We saw there was enough staff to support people in their homes. There was a continuous recruitment programme in place and this was to ensure that if sickness or holidays needed cover, other staff could be called upon. We saw that when changes were made to people's staff it was due to sickness or holiday and they were always introduced to people first.

We looked at staff files and saw the provider operated a safe and effective recruitment system.

Accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Where necessary people's individual risk assessments and care plans were updated following any incident. This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible.

Staff were trained in infection control and had regular access to supplies personal protective equipment for carrying out personal care, medicines and preparing food.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. When we asked people who used the service and their relatives about the staff, one relative told us, "The staff are very efficient. My relative has a male carer with another one on standby should he be needed. My relative knows them both and is very happy."

We saw how people were supported to access other healthcare services and attend appointments. People were also supported at home by other healthcare professionals, such as the community nursing team. The registered manager told us how the nursing team provide epilepsy training for staff. The registered manager told us, "Staff cannot support clients with epilepsy until this training with the nurse is completed."

The service had introduced a new training company. Each staff member had their own training list that the registered manager monitored. Courses included, stoma care, dementia and epilepsy. These were in addition to courses which the provider deemed mandatory, such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding. Where training had expired courses were booked for staff. When we spoke with staff they were very complimentary about the training they received and told us they valued the learning experience. One member of staff told us; "Our training is excellent." Another told us, "I am doing my level two NVQ (national vocational qualification) and they are going to support me with my level three next."

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them. One new staff member we spoke with told us, "My induction was clear and I understood it, everything was explained." Regular supervisions and appraisal took place with staff to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

The service was working within the principles of the MCA, and at the time of our inspection staff were trained in the Mental Capacity Act. We observed that the service had assessed people's capacity upon initial referral and used local authority assessments to support this. No one using the service was subject to the court of protection.

Is the service caring?

Our findings

The service continued to offer people a sustained person-centred service that values people's independence and empowers people to have choice and control over their own lives.

Since our last inspection the service has sustained their high quality and developed an even more focussed approach on improvements to people's well being and physical health and this was evident throughout this inspection and feedback collected.

During our inspection we spoke with people who used the service and their relatives and received 100% positive feedback regarding staff being caring, considerate and person centred. One person told us, "The care is far more superior to any other we have had. They are all very attentive - we have a lovely chat. I love to tell them about my life and hear about theirs- sometimes very interesting." Another told us, "My relative looks forward to them coming. I often hear them singing together while my relative showers. It is lovely to hear". They are so very caring and professional in the way they have taken on this massive package of care. This is the third company we have used. Crescent Homecare are the best by far and [name's] health has improved. We are very happy."

When we spoke with healthcare professionals we received extremely positive feedback regarding the level of attention, care and support people received and one told us, "I feel that Crescent Homecare particularly go above and beyond with the support they give to a client who has no family or friends to support them. They have dementia and rely completely on carers for all their needs and Crescent Homecare have succeeded fully in meeting thier needs where other agencies have been unable to."

Independence was promoted. Staff supported and encouraged people to be independent, for example, making choices as part of everyday life and when offering personal care. One social worker we spoke with told us; "The care package my clients received have helped them to live in their own home for longer that may not have been the case without their support, or with another agency. This is my opinion as Crescent Homecare feedback information better than some of the other domiciliary agencies who I have worked with, which gives me a better idea of how the person is coping at home." And "Also clients have been enabled to have greater independence, choice and increased quality of life as they are supported to achieve the goals which are most important to them."

People's relatives also told us how the staff encouraged people's independence. One relative said, "They have enabled [name] to make huge improvements. They are now able to dress themselves more and they are physically stronger. Although [name]'s dementia is not improving their physical health and wellbeing is. We can't praise them enough for helping [name] keep their skills and not lose them."

People continued to be supported by extremely knowledgeable staff that are committed and passionate about person centred care and support. Staff could share examples of person centred approaches and told us, "The care we offer is all about the person, it's got to be." And another told us, "We have to spend time shadowing others, getting to know people to find out what they like, their background and preferences. I

love my job, it's a job for life."

Privacy and dignity was respected by staff and they were discreet. Personal interactions took place privately to respect people and maintain their confidentiality. "My relative receives personal care. There are never any problems. They are my angels without wings." Another told us, "The staff are experienced and show great respect when showering [Name] We are delighted with the care."

People who used the service who required support to follow their religion were treated with respect. One person was supported to take holy communion at home and also to visit church with their family. Their relative told us, "It was getting quite confusing for [name] sometimes. Regarding the days of the week and times. The staff have been brilliant supporting them to get ready for church and it can be challenging. They help [name] to choose clothes and go over things with them to ensure it's what they want and explain what is happening to put them at ease."

The registered manager and staff were able to give us other examples of people they had previously supported and how they would be equipped to support other religious or cultural needs. The registered manager told us, "We recently supported someone who was Indian and they had specific cultural requirements regarding how their laundry and cleaning had to be done. Also, some people we support require only female carers and that is for cultural reasons also."

People were regularly involved in planning their care and in meetings with the registered manager to go through their care plan and make any changes that were needed. Families and social workers were also included in the process. One relative told us, "I'm involved in the care plan. The manager comes out regularly to make sure everything is going well."

People were supported to have choice and control and were supported on a daily basis to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. One relative told us, "The staff help them to choose and make decisions throughout the visit."

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination. One staff member told us, "We would report anything like this that went against people's rights."

Assistive technology was used by staff in people's homes to aid their independence. Staff were able to share their knowledge and experience with us. One person used a dementia friendly clock that included the day of the week, time, date, night or day and the staff supported them to use this to help them to orientate. Another person used an iPad to communicate and staff supported them and worked in partnership with other healthcare professionals regarding supporting their communication.

People were empowered to exercise their rights and the registered manager shared examples with us, one was where a client had expressed a wish to die at home and not in hospital. They told us, "It was hard, they wanted to be at home and we helped them come home from hospital and dealt with all the professionals and people involved to speak up for that person to enable it to happen how they wanted. It was their choice and their right to choose."

Advocacy support was available to people if required it to enable them to exercise their rights. However, no one required this type of support at the time of our inspection. The registered manager and staff were knowledgeable about how to seek this type of support for people.

People were supported to maintain relationships; we saw that this was part of the care planning process and where people lived at home with their partners or families this was respected. Other people required support to visit their friends to maintain their relationships and this was supported. For example, we saw in one care plan that stated '[Name] to continue with her own social needs and relationships. [name] likes to attend bingo, meeting new people and keeping in contact with long standing friends.'

Is the service responsive?

Our findings

People's care plans were developed with people at the point of assessment and were an accurate reflection of their personalities, likes, dislikes and choices. The care plans also included information on personal care needs, personal information, communication needs, consent to care. Relatives we spoke with told us, "I was involved my relative's care plan at the beginning and the manager comes out regularly to ensure everything is good. I have occasionally had to call the office to change a time of a visit, no problems checked things out and called me back to confirm. I couldn't do without them". And "The care plan is very prescriptive and all of it is done, nothing missed."

Regular communication took place with relatives through phone calls, spot check visits, feedback forms, coffee mornings and surveys. When we spoke with people and their relatives we received positive feedback on communication. One person told us, "We get calls all the time and the manager comes out to check the carers." And "We have attended the coffee mornings."

People's preferences were respected and staff knew how to respond if people did not like something about the service. People and their relatives and staff knew how to complain if they needed to. One person told us, "We had never had carers before and this company came highly recommended." A relative told us, "The team leader keeps in touch as does the manager, I have only had to call a few times to change or cancel a visit, never a problem, never had to make a complaint."

We saw from looking at the records that issues or complaints were recorded and responded to appropriately. Where people had raised concerns, the registered manager had listened and then taken action. The registered manager also had a robust communication system in place where all queries or issues were recorded along with responses or resolutions.

Information could be made available in various formats on request. We were shown examples of large print. The registered manager told us how they could make care plans, newsletters or other relevant information in larger print for example or easy to read if needed. Also, picture symbols were available to use if needed with people living with a dementia. The registered manager also told us, "We have supported a person previously who needed an interpreter and we know how to make arrangements if needed again."

No one at the service was receiving end of life care at the time of our inspection. However, policies and procedures were in place if needed and we discussed this with the staff and the registered manager. One staff member told us, "I really enjoy this area of work and in the past when I have supported someone with end of life, I can honestly say the support we got was amazing. The manager came out to the home and supported the family with practical help and advice and also helped me. The training we have for this is really good and we know how to work with others for support such as Macmillan nurses. This is an area I would like to progress into further."

People were supported to take part in local social activities and were protected from social isolation. We saw from people's care plans that they were supported to take part in community life and with social

activities of their choice, such as outings and accessing the community. Staff told us, "We always make time to chat with people and socialize."

Is the service well-led?

Our findings

The service continued to strive for excellence and sustain an outstanding service to people through a continuing commitment to the staff team to deliver excellent care and support to the people who use the service.

People and their relatives gave us 100 % excellent feedback about the supportive management arrangements and the registered manager. One relative told us, "I can't recommend them high enough and I am very particular. They are very efficient and the manager is on it." And "We want only the best and they give him the best." And "We can see that the staff are happy in their work, excellent team work and the staff are loyal."

Healthcare professionals we spoke with were very complimentary about the high standard and consistent management and culture of the service one professional told us, "I would be happy if Crescent Homecare could provide a care package for every one of my clients. They are consistently reliable, professional, helpful and pleasant to deal with. As they have expanded a little, I still feel the management have retained the ability to know their clients well. Care is of a consistently high standard." Commissioners told us, "Crescent have always been one of our quality providers and we have always received positive feedback on the service from our operational teams."

The management ensured that staff were valued, supported and empowered to be confident, attentive, caring and knowledgeable. The managers of the service had previously worked in home care and had empathy with the staff team and were passionate to ensure staff were valued by providing strong effective leadership.

The registered manager had signed up to a County Durham initiative to support the staff and their wellbeing and this was extremely well received. The initiative was to involve a different well being topic each month. At the time of our inspection they were three months in and had covered mental health, diabetes and cancer. Each month a display area was set up in the office with information leaflets, quizzes, games and a guest speaker. The aim of the project was to raise awareness with staff about looking out for their own wellbeing and how to seek advice and signposting them to other support agencies if needed. The staff team all visited the office every Friday for a weekly newsletter, to collect rotas and the themed information. During the mental health week staff were encouraged to 'stamp out stigma' by writing down negative labels associated with mental health and then putting them into the bin. The registered manager told us, "We wanted the staff to talk about things and not bottle things up and we had a speaker from Talking Changes to help."

The service was committed to partnership working and had established positive working relationships with community groups and organisations in the area. Linking with the local Miners Institute by using community facilities and working together to develop a luncheon club for the elderly to attend. When we spoke to a representative of the Miners association they told us, "We have held two so far and they are going well other local care homes are starting to attend too, it's bringing all people together. We have Crescent care workers coming along bringing their clients and also they hold their coffee mornings here." And "The staff come over

here for training and use our facility also and this supports us."

The registered manager had established community engagement opportunities for the people who used the service and the staff by fundraising for the local 'wetlands trust', a local nature reserve. The Wetlands Trust developed a sensory garden for people with disabilities to access and enjoy and the people who use crescent homecare and the staff were part of developing the garden. We spoke with the project worker and they told us, "We couldn't have done it without the help and expertise from Crescent Homecare clients and staff. We wanted to get everything just right so we consulted them and now they use it regularly. We are also developing a dementia friendly garden area too and we need their help again. The manager is the go to person to help us with this, their support has been amazing. We have memory trees and people who have used Crescent Homecare and now passed their family have planted trees too."

The management of the service were committed to going over and above delivering a quality service even in adverse weather conditions in a rural area. One relative told us, "When the snow was here it was really bad and the managers came out to drive the carers to their calls to ensure no calls were missed." We discussed this with the registered manager who confirmed they drove carers themselves to their calls and hired four-wheel drive vehicles and drivers to ensure people still received their care. The registered manager told us, "We have never had a missed call, even in the snow."

Staff we spoke with spoke positively about the registered manager and told us, "The managers really look after us all, this really is a job for life." And "The manager makes me feel confident." And "We always have support, I look forward to coming into work. It is the best feeling."

At the time of our inspection the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had experience of working in homecare and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service.

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs were discussed and their progress and care plans and staff told us they valued these meetings.

The registered manager ran a programme of regular audits and spot checks throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. We saw from spot checks when the registered manager found issues and then addressed these with staff, for example gaps in signing for medicines or not recording clearly.

During the inspection we saw the most recent quality assurance survey results, which were positive. Completed three-monthly by people who used the service, relatives and stakeholders of and staff. The registered manager would then analyse results and take immediate action. A most recent example was regarding hand washing. The registered manager told us, "From this we got the staff to revisit the policy by making it the policy of the month and discussed it again at the team meeting, carried out spot checks around hand hygiene and came up with a solution. Now staff make clients aware when they are washing their hands even if they are unable to see them doing it so they know."