

Crest Healthcare Limited

Crest Healthcare Limited - 10 Oak Tree Lane

Inspection report

10 Oak Tree Lane
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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 

Overall summary

This inspection took place on 11 June 2015. We gave the provider 24 hours' notice to make sure that there would be someone in the office at the time of our visit. Crest Healthcare Services – 10 Oak Tree Lane is a small domiciliary care agency which provides personal care to people in their own homes. At the time of our visit there were 17 people using the service with varying needs from 24 hour support to one short visit a day.

The service has a 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.

Summary of findings

People using this service told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

People told us that they were happy with the service provided. People told us that they were included in decisions about how their care was provided. People told us about how staff helped them to retain skills and to stay as independent as possible.

People told us that staff treated them with dignity and respect. Staff working in this service understood the needs of the people for whom they provided care. Staff were aware of people's needs arising from their medical conditions.

Staff were appropriately trained and skilled to provide care and support to people. The staff had completed relevant training to make sure that the care provided to people was safe and effective to meet their needs.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. We did not find anyone being deprived of their liberty.

The registered manager encouraged feedback from people who used the service, their family members, advocates and professional visitors, which she used to make improvements to the service, where needed.

The registered manager assessed and monitored the quality of care consistently. In addition to observations and supervision of staff, the manager consulted people using the service to find out their views on the care provided.

Summary of findings

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 safe.

People told us that they felt safe and had confidence that staff could keep them safe.

Staff were trained in recognising the possible signs of abuse and they knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Staff, where appropriate, prompted people to take their medication helping to keep them safe.

Good



Is the service effective?

The service was effective.

People were supported to have healthcare needs met.

People were supported by staff who had the skills and knowledge to meet their needs.

People were supported to eat and drink in ways which maintained their health and respected their preferences.

Good



Is the service caring?

The service was caring.

People were happy with the support they received. People told us that staff were kind and caring in their interactions with them.

People were involved in planning the support they received and were supported to be as independent as possible.

People told us that staff respected their privacy and maintained their dignity when providing care.

Good



Is the service responsive?

The service was responsive to people's needs.

There were good systems for planning the care and support which people needed and people were involved planning their care.

People's comments and complaints were listened to and appropriate changes were made in relation to complaints.

Good



Is the service well-led?

The service was well led.

People who used the service told us that the registered manager asked them their views of the service to make sure that staff were providing care appropriately.

Staff were enabled to contribute their views about how the service was run.

Good



Summary of findings

There were good systems for audit and quality assurance to ensure safe and appropriate support to people.

Crest Healthcare Limited - 10 Oak Tree Lane

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 was 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 11 June 2015. We gave the provider 24 hours' notice to make sure that there would be someone at the office at the time of our visit. The inspection was carried out by one inspector.

During our visit to the service we met the manager and two members of care staff. We sampled the records relating to six of the people using the service and four records relating to staff recruitment and deployment. Prior to the visit we looked at the information which we held about the provider, including information which the provider had sent us. After the visit we contacted four members of staff and three people using the service to ask them about the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, “I never feel unsafe.” Another person said, “They checked to see that things were safe here.”

The manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. There were whistleblowing guidelines for staff in case they witnessed or suspected that colleagues were placing people at risk. These were clear and all staff were made aware of them as part of their induction.

People and, where appropriate, their relatives, told us that staff had assessed the risks associated with their medical conditions and having limited mobility. The risk assessments showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service. Risks which had been identified included trip hazards and pets. We saw evidence that staff had made sure that missing light bulbs had been replaced to make stairways and corridors safer. This showed how the risks were minimised. Staff told us that they felt safe when carrying out calls.

We saw that there were instructions for staff about how to transfer people using equipment and staff confirmed that they had been trained in moving and handling people safely.

Staff told us and the records confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to them starting work. We saw that two references had been taken up on each member of staff and each one had been interviewed by the manager as part of the recruitment and selection process.

There were enough staff. The manager told us that there had not been any missed calls. People using the service told us that, if staff were ever going to be late, due to traffic or unexpected delays at another call, they always contacted the person to explain.

The manager told us, and records confirmed, that the service did not manage the medication for anyone using the service. Staff did prompt some people to take their medication and there were records of the medication which the person needed and the times when staff had prompted them.

People told us that staff wore protective clothing and gloves when needed. Staff told us that there were good supplies of protective gloves and aprons for the staff to use in order to control the possible spread of infection.

Is the service effective?

Our findings

People expressed confidence that the staff had the skills and abilities to meet their needs appropriately. One person told us, “They do what they need to do and they know what I need doing.”

Staff communicated well with people. Some people using the service used aids to assist in communication and others had restricted verbal communication but used signs and gestures. Staff told us how they communicated with people. One member of staff told us, “From his eyes, from a move of his head, I can tell what he wants.”

Staff told us, and the records confirmed, that all staff had received induction training when they first started to work for the service. They had received guidance about the needs of the person concerned, including their methods of communication, and how to meet these. Staff had received additional training to meet the needs of specific people. For example in meeting the needs of people with epilepsy. Staff told us that they were confident that they were sufficiently trained to carry out their role.

People told us that they had been involved in planning the care they received. The manager told us that each person who was planning to use the service received a visit to

discuss their needs and what they wanted from the service. The care plans we looked in showed each person’s needs and there were more detailed instructions for staff showing how they needed to carry out specific tasks.

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). The registered manager told us that there was no-one using the service whose liberty was being restricted at the time of our visit but she demonstrated that she knew what action to take should this ever be necessary.

Staff had relevant information about people’s dietary and nutritional needs. People using the service were able to discuss their preferences with staff when they were preparing food so people received food which they had chosen. Where food needed to be of a specific consistency to avoid the risk of choking, there were instructions in relation to how to prepare the food in the records we saw.

People told us that the staff knew and understood the implications for their care and support of their health conditions. There were details of people’s specific needs in relation to their health in people’s plans. Contact details for relevant healthcare professionals were available in people’s records so that staff would be able to make contact in the event of an urgent situation.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. One person said, “I am looked after really well.” People told us that they were happy with the way staff behaved. One person described the carer who visited them as, “Bright, cheery and helpful.” One person said that the member of staff seemed like, ‘part of the family’. We saw a letter which had been sent to the service by a relative after someone had stopped using the service. It said, ‘we will miss your excellent care...we really appreciate the peace of mind that comes from knowing that she was being well cared for’.

People told us that the manager had asked them about how they wanted to be cared for and supported when they first started to use the service. They said that staff checked

with them before providing care and respected their choices. One person told us that they had chosen to continue using the service after their initial period because they found the staff helpful.

People told us that the members of staff respected their privacy when carrying out tasks. We saw that one person using the service had commented, during a review of their care, that the members of staff used the key to gain entry but always rang the doorbell to announce their arrival before entering.

People said that staff had agreed with them the changes in the care and support they needed as their health changed. The manager and staff spoke with affection about the people they cared for. They had a good knowledge of people’s situations and their preferences in terms of their care and support. The records showed people’s specific needs arising from their culture, religion or health conditions and staff were aware of how these should be met.

Is the service responsive?

Our findings

People told us that their plans were drawn up after discussion with them and taking into account their views and opinions as well as their needs. The plans which we sampled were specific and individual and provided evidence that people had been consulted. The plans had been updated in response to people's changing needs and after reviews meetings which involved people using the service and, where appropriate, their relatives.

The records showed that, where people needed support in this area, they were assisted by staff to attend places of interest and recreation such as the library and parks.

We saw evidence in the records that staff were encouraged to provide people with choices as they carried out their

duties. For example we saw, "[person's name] is to be involved in choosing his clothes prior to having a shower," and "On the days when [person's name] stays at home, ask him if he would like to stay in bed a bit longer."

People told us that they knew how to contact the manager and would have no hesitation in doing so if they were not satisfied with the standard of care. They expressed confidence that the manager would act on concerns raised. One person said, "They do their best to sort out any issues if we have any."

The service encouraged people to express their views and to make complaints and compliments to the manager. We saw records of issues which people had raised and the manager had recorded the action which had been taken in response to comments so that the situation had been resolved to the person's satisfaction.

Is the service well-led?

Our findings

People who used the service expressed confidence in the manager and deputy and how they led the staff. One person said, “It seems to be well run and things usually go very smoothly.”

The culture of the service was set out in the terms and conditions for staff and other literature about the service. This stated, ‘Every client and staff is valued and respected for their strengths and diversities and the management will condone no form of discrimination.’ Staff and people using the service expressed the view that they felt valued. We saw pictures of staff receiving long service awards.

Staff confirmed that they received supervision and guidance from the manager. In addition to individual sessions, there were occasional meetings at which they could raise issues or offer suggestions about how the service was provided. They told us that the managers were available when needed.

The manager had reviewed and, where necessary, updated records such as people’s care plans. There were systems for making sure that policies and procedures were reviewed and updated as necessary. We saw that records had been audited on a regular basis.

People told us that they were asked for their opinions of the service. One person said, “They send us questions, we have just filled one in and they ask us when we have a review, you can always tell them what you think.”

The manager demonstrated how she used feedback from people and the results of monitoring records and staff performance, to improve the service and make plans for the future. She showed that she knew about recent changes in Regulations and best practice guidance in various areas. This was a small service at the time of our visit. The manager showed that she was aware of the changes which would be necessary were the service to expand and provide care and support to a larger number of people, for example, additional support in the office to coordinate the staff calls.