Crest Healthcare Limited

Crest Healthcare Limited - 10 Oak Tree Lane

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 3 August 2016 and was announced. Crest Healthcare provides personal care to thirteen people who live in their own homes. The service was last inspected in June 2015 and was rated 'Good' in all areas. This inspection was brought forward to inspect the service and to consider information of concern that we received. We had been advised of concerns relating to the safety and governance of the service. We found that these areas needed improvement.

There is a registered manager in place who was present throughout the inspection. 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.

Whilst relatives were happy with the management of the service we found that systems in place to monitor the quality and safety of the service were not always robust. The provider had not identified where there was a need for improvement to respond to risks and meeting changing needs of people. You can see what action we told the provider to take at the back of the full version of the report.

The Mental Capacity Act (2005) (MCA) applied to some people using this service. Staff had not received training related to this legislation and through discussions with staff it was apparent that they were not working within the principles of the MCA and people's rights were not protected.
Where people had been assessed as lacking mental capacity staff were unclear about what decisions the person was unable to make. You can see what action we told the provider to take at the back of the full version of this report.

Relatives told us that their family member was safe receiving support from the service. People were supported by staff that were aware of how to recognise and report concerns relating to people's safety.

Staff had received training in medicines administration. We found there was some improvement needed in the management of medicines given on an 'as required basis'.

Individual risks to people had been identified but action had not always been taken to reduce these risks.

Staff told us they felt supported in their role and there were systems in place for staff to feedback concerns. Training was provided to staff although updates in training had not occurred for some time and staff had not received training on some people's specific health conditions.

People received support from consistent staff who had got to know them well. People and their relatives had contributed to planning care that met their needs. Some care plans lacked detail of people's preferences.

Staff were able to describe systems in place that would enable them to receive updates on any changes in people's care needs. Relatives told us that the service kept them informed of any changes in their family member's needs.

People and their relatives had not always been given the opportunity to review care to ensure it still met their needs.

There were systems in place for people and their relatives to raise concerns and complaints. Relatives felt confident in raising any concerns they had with the service.

Following the inspection the registered manager provided us with updates about improvements they had made and reassured us that the issues identified during the inspection would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Identified risks to people had not always been well managed.

Recruitment checks were completed but systems around checks were not always robust.

People received their daily medicines safely but there was improvement needed in the recordings of medicines given on an 'as required basis'.

Staff were aware of their responsibilities to keep people safe and report any concerns they may have.

Is the service effective?

Requires Improvement

The service was not always effective.

People had not been supported appropriately in line with the principles of the MCA.

Training had not been provided on some people's individual health conditions and some essential training had not occurred for some time.

People had appropriate support with their nutrition and hydration and had their healthcare needs met.

Is the service caring?

Good

The service was caring.

People were supported by consistent staff who had got to know them well.

People had been involved in planning their care.

Is the service responsive?

Good

The service was responsive.

There were systems in place for staff and relatives to receive updates about people's care, although care reviews were not always carried out regularly.

There were systems in place to manage concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems in place to monitor the quality and safety of the service were not consistently effective or robust.

Relatives were happy with the management of the service and staff felt supported in their role.

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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.

This inspection took place on 3 August and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and other information we had about the service to help us plan the areas we were going to focus our inspection on. We received feedback from the team who commission care from this provider for their views on the service.

During our inspection we spoke with the registered manager, the training manager and one member of staff. We looked at records including two people's care plans, two staff files and training records. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. As part of the inspection we spoke with one person who used the service, five relatives and three staff members.

On arrival at the inspection we were informed that the computer system that contained evidence of monitoring checks had not been operational for the week prior to our visit. As a result of this the registered provider told us they were not able to provide some evidence that they were meeting the regulations. We informed the provider that they could send us any additional information which would demonstrate

compliance with the regulations once the computer system had become operational again. We received this additional information and used it to form our judgements

Requires Improvement

Is the service safe?

Our findings

Relatives told us that they felt their family member was safe with staff who supported them and had no concerns about their family member's safety. Staff were able to tell us action they took to keep people safe.

We saw there were systems in place to ensure there were sufficient staff available to support people. The registered manager informed us that they would not accept new packages of care unless they had sufficient staff to provide care to people. Five people using the service received twenty four hour care. Staff informed us that they would not leave the person's home until another staff member had arrived as planned to continue providing safe care. For those people who did not receive twenty four hour care, relatives told us that the correct numbers of staff that were designated to provide care arrived to provide support. However, one relative informed us that on rare occasions the number of staff who were supposed to support one person did not always arrive due to staff needing time off work at short notice. Apart from this one example we determined that people were usually supported by the number of staff identified as necessary in their care plan.

We looked at the processes in place for staff recruitment. As part of the provider's recruitment processes, Disclosure and Barring Service (DBS) checks were obtained prior to staff supporting people to ensure they were suitable to work with people. We found that where recruitment checks had identified risks the registered manager had taken action to manage these although this was not robust. We found some processes had not been completed fully and there were gaps in records that the registered manager had not followed up or addressed. The registered manager had not consistently assured themselves of compliance with safe recruitment practices.

People were supported by staff who were able to describe the different types of abuse people were at risk of and action they would take if they had concerns. Staff told us that they had received safeguarding training when they commenced their employment with the service. However, some staff commented that they had not received any updates to their safeguarding training for a number of years. This was reflected in the providers training records and we saw that some staff had not had updates in safeguarding training for two years. There have been recent national changes within safeguarding practices which meant there was a risk that staff would not have up to date knowledge about current safeguarding procedures.

We looked at how the service managed risks to people. Before a person received support from the service, assessments were carried out to determine if they were able to meet the person's specific needs safely. This ensured that the service only provided support to people whose needs they could meet. We saw that where risks to the individual had been identified measures had not always been put in place to keep the person safe. We saw that the care plan for a person who needed support with their mobility did not contain assessments or guidance for staff of how to support the person to mobilise using equipment safely. This put the person at risk of receiving incorrect and unsafe support.

Staff did not always have the appropriate knowledge to support people safely. A relative told us their family member required specialised support with one aspect of their care. However specific training had not been

provided to staff and the registered manager told us they were not aware that staff were providing this support.

People received their daily medicines safely and relatives were happy with the support their family member received with their medicines. Staff told us they had received training in administering medicines and could tell us appropriate action to take should someone refuse their medicines. Staff told us that a senior member of staff checked they were competent to give medicines before being able to administer medicines. People's care plans detailed information about when to administer 'as required' medicines. However, the information that was recorded on one of the medicine administration records we viewed was different which meant that the person may not receive the correct dose of their medicine when required. Staff had not identified or alerted the registered manager of this recording error.

Requires Improvement

Is the service effective?

Our findings

Relatives told us that they thought staff had the right skills to support their family member and one relative commented, "Staff know how to support him."

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 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 particular decisions, any made of their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff had not received dedicated training on the MCA and had limited knowledge of how to support people in line with this legislation. One staff member told us that a person they supported could not make choices but family members were consulted about the person's likes and dislikes. Another staff member told us that they had determined that due to a person being unable to communicate verbally that they would not be able to make any decisions at all. No consideration had been given to using non-verbal communication methods to seek consent Another staff member described ways of working that did not promote informed choice. Although the importance of offering choice was mentioned in people's care plans and we received comments from one relative stating that people were offered choice in their care this was not carried out consistently in practice. Records we viewed did not demonstrate that assessments of people's mental capacity had been undertaken or the provider had arranged best interest meetings when people were thought to lack mental capacity. People were at risk of having decisions about how their care was provided being made by people who did not have the authority to do so. A lack of staff training and knowledge coupled with a lack of assessments of people's capacity meant that people could not be assured of being supported appropriately under the MCA. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received sufficient training to carry out their role and felt supported by the registered manager. We saw that new staff undertook an induction which included working with a senior member of staff in order to understand the role and to get to know the person they were supporting. The senior member of staff would then determine whether the new staff member was competent to support people.

Processes to ensure that staff had the skills and knowledge they needed to meet people's care needs were not always effective. Training provided to staff consisted of watching videos on some topics associated with their job role. There were workbooks to complete after watching these videos to ascertain whether the staff member had understood the training provided. The registered manager was unable to provide evidence that these workbooks had been completed. We asked the registered manager how they determined if this training had been effective and they provided us with some evidence that staff competencies had been completed.

We saw that staff had not received training about the individual health conditions of some people they supported. This meant staff may not have the knowledge to support people in line with their care needs.

When we spoke to the registered manager about this they told us they would seek training in these areas. We saw that some training around important topics in care practice had not been provided for some time and there were no current plans to refresh staff's knowledge in this training. The registered manager informed us that if there were any concerns identified about a staff member's knowledge of a subject as identified through practice, then the staff member would be provided with further training in this area. This would then be followed by an observation of practice by one of the senior staff to observe if practice had improved. Staff informed us that they were encouraged to develop their knowledge further.

Some people using the service displayed behaviour as a means of communicating their needs or wishes. Staff we spoke with demonstrated a lack of understanding in the importance of viewing these behaviours as a means of communication for the person. We saw that there was some information in people's care plans about why these behaviours occurred and how to respond appropriately. Training in supporting people with their behaviours had not occurred for some time.

The provider had regard for the specific skills and experience staff had gained though their employment with the service. They used this information to ensure staff had the appropriate skills to meet the care needs of new people who started to use the service.

People had their nutritional and hydration needs met. Many of the people using the service had support with eating and drinking from family members who undertook the responsibility for supplying food and drinks to the person's home. We found that there was some level of detail in people's care plans about the support the person required to meet their nutritional needs. Staff told us that they would ask people what they would like to eat and drink that day based on people's known preferences. Staff were able to describe any specific dietary needs of people such as preparing foods to the right consistency to enable people to receive their meals safely.

The registered manager supported people to access additional support with their healthcare needs. We saw that when necessary the provider had referred people to healthcare professionals when their care needs changed. For one person using the service this involved regular monitoring and liaison with the healthcare professional to update them on the person's care following changes in medication. One staff member described the process of monitoring people's healthcare needs in conjunction with the main family carer. They said, "We work together hand in hand to look after his well- being," and further explained that, "We will get information to the right person if we feel he needs support with anything."

Good

Is the service caring?

Our findings

People and their relatives told us that they had developed good relationships with the service because they had been receiving support from the service for a number of years and that regular staff had got to them well. One relative told us, "Staff have got to know him well." Another relative told us that their family member, "Gets on well with the carers. They're good." Relatives told us staff knew people well enough to recognise small changes in people's conditions and gave us examples of when they had taken prompt action to support people's wellbeing.

Staff told us they enjoyed working with people and some staff described the person first before their care needs. One staff member told us, "Some of these people are like family. I am happy to get up and go to work."

Care plans were developed with the person and those who were important to them. Relatives informed us that they had been involved in planning care initially. One relative commented, "We spoke in detail when he first started to use the service so staff were familiar with his needs." Another relative told us, "[name of person] is in control of his care. He likes things done in a particular way." We saw care plans contained details of people's interests and important information for staff about how to communicate with the person. They contained details about people's preferences and how they wanted to be supported, however we saw that this was not always consistent. The registered manager explained that staff worked with people consistently and therefore knew how people liked to be cared for. Relatives we spoke with confirmed this.

The registered manager told us, and relatives confirmed that people were able to request the gender of carer to support them and that there was flexibility in the service so that if people requested a change of carer then this was honoured.

People had their dignity and privacy respected. Staff were able to explain how they promoted people's privacy and dignity. This included being respectful of the privacy of the person when providing personal care and respecting their home and belongings.

Good

Is the service responsive?

Our findings

Relatives that we spoke with gave examples of when the service had been responsive to people's needs. One relative told us, "We have to tell them changes to make and they do them."

Staff informed us that they were kept informed of any changes to a person's care. One staff member told us, "If there is anything new they let us know." There were systems in place for staff to contact the office for advice if they were unsure of appropriate action to take or if they needed to be updated on a person's care. This meant that staff would be able to provide care to people based on their current needs.

The registered manager explained that care was reviewed with people within two weeks of them starting to use the service and at least two other times over the course of a year. However care records we viewed showed that not everyone had regular reviews of their care. Some relatives we spoke with told us that they were contacted occasionally by the service to review care whilst other relatives told us that they had not had reviews and were having to initiate reviews themselves in order to discuss changes to care provision. This meant that people and their relatives had not had the opportunity to discuss and review whether the service was meeting people's care needs.

Relatives that we spoke with told us that they were kept updated, where appropriate, of any changes to their family member's care needs. One relative told us, "Yes they communicate with me well and keep me updated." Another relative told us an example where the staff had informed them that their family member needed additional equipment to stay cool in the hot weather. This had helped the family support the person in line with their needs and wishes.

We looked at the way the registered provider managed complaints. We saw that the complaints procedure was on display in the office for visitors and a copy was also given to people when they started to use the service. Although there had not been any official complaints made to the service, relatives felt able to raise any concerns they had with the service. One relative told us, "If I had any concerns I would phone them and they will sort it out for you," and another relative told us, "Any problems we sort it out together." This demonstrated an open culture around raising concerns.

Requires Improvement

Is the service well-led?

Our findings

The systems to monitor the quality of the service were not always effective. The monitoring systems in place had not identified that care reviews had not taken place for some time and that training had not been routinely provided to staff or that training had been ineffective. Audits that had taken place had not considered or identified issues relating to the culture of the service. Whilst most of the relatives told us of the caring nature of staff some relatives described practice that was task focussed and which didn't value the person. Some relatives described a lack of attention that should be inherent in good care practice such as sitting and talking with people. The culture of the service had not been monitored and as such some people had received care that was task focussed and which didn't promote person centred practice.

Systems in place to monitor if people had received their calls as planned were not effective. On the day of the inspection we were informed that the computer system which usually monitored people's calls was not operational and hadn't been for a week. There was no back up system to monitor attendance of calls in these circumstances and the registered manager was relaying on the people who used the service and staff to notify them of any variances to their planned calls. The registered manager had not arranged additional contact with people to ensure they were still receiving care in line with their needs On two separate occasions the registered manager was unable to provide us with accurate information about which members of staff were supporting some people who used the service. Although relatives informed us that staff usually arrived for their call, a poor monitoring system meant there was an increased risk that people would not receive care calls as planned.

Systems to obtain and act upon the views of staff about the quality of the service were not effective. The provider had issued questionnaires to staff for feedback about the service five months prior to the inspection. Only a small number of staff had responded to the questionnaire and there was no evidence that the provider had sought feedback from the remainder of the staff team. We saw that the majority of staff who had responded to the questionnaire had requested further training in their role. There was no evidence that this had been followed up or that the provider had sought further information from the staff.

One relative told us of miscommunication that had occurred when a staff member had taken planned leave but the service had not arranged cover. This had led to the relative receiving a phone call from their family member informing them that no one had attended the planned call.

The provider did not have effective systems in place to monitor the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with were happy with how the service was managed. One relative told us, "They are very good I can't fault them." Staff told us they felt supported by the registered manager and one staff member commented, "[name] is supportive from every angle and provides personal support." Another staff member told us, "I can speak to [the manager] directly. I do feel supported." And another said, "I feel supported, definitely. [manager's name] is always there for advice." Staff informed us they received supervisions and felt able to request further supervisions if they wished to discuss a particular issue. Staff described practice that

promoted team work which aided their sense of feeling supported and one staff member commented, "We do team work, we help each other out."

We saw that the registered provider had carried out monitoring checks to observe staff practice and to see if people were happy with the care they were receiving. These checks were occasionally prompted by a concern that may have been raised by the person using the service but were not formally planned by the registered manager to ensure they would occur regularly. The provided had not demonstrated a proactive approach to the monitoring, driving up improvement in and prevention of people receiving inappropriate care.

The registered manager told us that care records were checked for accuracy and completeness during monitoring checks of staff at a person's home. There were no robust systems in place to ensure people's records including medicine administration records would be audited regularly or reviewed with the people who used the service. The failure to regularly check care records could result in people receiving inappropriate care or care which did not reflect their preferences.

The registered manager had knowledge of their responsibilities to inform the Care Quality Commission about certain events that had occurred, although a lack of awareness about recent changes in regulations meant they had not followed requirements to display their most recent inspection report. Shortly after the inspection visit the registered manager told us they had taken action to ensure that their ratings had been displayed in accordance with the regulations.

People receiving support from the service had a team of staff who delivered their care. We saw that meetings had been held with each team to discuss the person's care and any concerns identified. These meetings meant that information could be shared between the staff to ensure continuity of care for the person. Staff told us they felt able to suggest any improvements to the person's care at these meetings and one staff member told us, "We can contribute and discuss if any changes would be good for the person."

Following the inspection the registered manager provided us with updates about improvements they had made, such as providing staff with refresher training on the MCA, and provided reassurance that the issues identified during the inspection would be addressed.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that people were appropriately supported in line with the principles of the Mental Capacity Act (2005).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality and safety of the service.