

Krystal Care Limited

Krystal Care Limited

Inspection report

Unit 29, Lenton Business Centre
Lenton Boulevard
Nottingham
Nottinghamshire
NG7 2BY

Date of inspection visit:
13 February 2018

Date of publication:
12 March 2018

Tel: 01159784589

Website: www.krystalcare.co.uk

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

We inspected this service on 13 February 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults. Not everyone using Krystal Care Limited receives regulated activity; 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 take into account any wider social care provided.

At our last inspection on 20 April 2016 we rated the service 'Good'. However, 'Safe' was rated 'Requires Improvement' with a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to one staff member's recruitment. Following the last inspection the provider sent us an action plan, detailing what action they would take and when, to meet this breach in regulation.

At this inspection, we found the evidence continued to support the rating of 'Good' and improvements had been made in 'Safe' and the breach in regulation had been met. 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.

The service met all relevant fundamental standards under 'Safe'. People were protected from abuse and avoidable harm. Risks were assessed and planned for and information to support staff was reviewed when changes occurred. There were sufficient staff employed to meet people's needs and safe staff recruitment practices were used. Action was taken to respond to any accidents or incidents and lessons learnt were considered. Staff were aware of good infection control measures.

The service met all relevant fundamental standards under 'Effective'. The management team were very experienced and kept their knowledge up to date with best practice guidance. People's diverse needs were assessed and people did not experience discrimination. Where people required support with eating and drinking this was provided. Staff took action if they identified a deterioration in a person's health. People were asked for their consent before they received care and support. People 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 supported this practice.

The service met all relevant fundamental standards under 'Caring'. Positive feedback was gained about the approach of staff and their knowledge about people's support needs. Staff treated people with dignity and respect and supported and encouraged independence. Advocacy information had been made available for people. People were involved in opportunities to discuss their care package.

The service met all relevant fundamental standards under 'Responsive'. People's needs, preferences and

routines were known and understood by staff. People were involved in their assessment and ongoing reviews. The Accessible Information standard was understood by the management team. The provider's complaint procedure had been made available

The service met all relevant fundamental standards under 'Well-led'. The management team had effective systems and processes in place to monitor the quality and safety of the service. Where improvements were identified, action was taken to meet any shortfalls. People who used the service received opportunities to feedback their experience about the service. There was an open and transparent culture. Staff were aware of the provider's values and respected these in their everyday work.

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?

Good ●

The service has improved to Good.

Staff were aware of their responsibility to protect people from avoidable harm and had the required information to support them.

Safe staff recruitment practices were followed.

Where people required support with their medicines, staff followed safe practice.

Staff were aware of how to manage risks associated with infection and cross contamination.

Accidents and incidents were managed appropriately.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Krystal Care Limited

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 comprehensive inspection took place on the 13 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available.

The inspection team consisted of one inspector and one Expert-by-Experiences (EXE). This is a person who has had personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to send us their 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.

As part of the inspection we contacted by telephone, 40 people who used the service for their feedback about the service they received. We managed to speak with ten people who the service and six relatives.

We also reviewed information that we held about the service such as the last inspection report and notifications. These are events that happen in the service that the provider is required to tell us about and the last inspection report. Prior to our visit to the provider's office we spoke with staff on the telephone to gain their feedback about the service. We spoke with one senior care worker and three care workers.

At the provider's office, we spoke with the registered manager, care manager, the financial human resources manager and one care worker. We reviewed the care records for six people who used the service. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, nine staff files and the staff-training plan.

Is the service safe?

Our findings

At our last inspection, the service was found to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to one staff member's recruitment. At this inspection, we found safe staff recruitment processes were in place to ensure only staff suitable for their role were employed. This included checks on criminal records, identity and employment history.

People told us staff supported them to remain safe and they had no concerns about how staff provided support. One person said, "I feel safe when they (staff) are here, I use a Zimmer frame and they walk with me. They do anything I want them to."

The provider had safeguarding systems and processes in place to support staff to understand their role and responsibilities to protect people from avoidable harm. Staff were knowledgeable about the actions required to protect people from abuse. Staff told us they had received safeguarding training and records confirmed this. Where safeguarding concerns had been identified, records confirmed the registered manager had taken appropriate action to respond to these.

People's needs associated with any health conditions and the environment had been assessed, were monitored, and reviewed when changes occurred. People told us they had been involved in discussions about how any known risks were managed. One person said, "They (staff) do make sure they have prepared the wet room and removed any obstacles before I go in. I am prone to tripping due to the way I walk."

Staff told us they had the required information to provide safe and effective care. One staff member said, "The care plans provide all the information we need." People's care records confirmed any risks had been considered and assessed, staff were provided with information of how to mitigate any risks. The management team told us the process of reviewing people's needs in addition, the action they took when a person's needs changed.

People were positive about the time of their calls and duration. People told us on the whole staff were on time and if they were running late they were informed. One person said, "They (staff) are usually on time and have never let me down, they also stay the full time. They will let me know if there is a delay." Another person said, "They (staff) are pretty reliable. I have been with them several years and there has only been an odd occasion they have been late and that has been if there has been a problem with a car or the people before me."

The management team told us of their system and process for coordinating calls. An electronic system was in place that monitored staff's arrival and departure time when visiting people. This meant the management team had continued oversight of calls and could respond to any concerns.

There were clear protocols in place of action required of staff if a person was missing. A staff member gave an example of the action they took when a person was not present when they arrived for their call. This included liaising with the person's relative and police. Staff told us there were sufficient staff employed to

meet people's needs. The management team told us they only took on care packages they were confident they had the staff available to provide.

Some people required support from staff to prompt and remind them to take their medicines. One person said, "Sometimes they (staff) will put my tablets into a glass and remind me to take them with my food."

Staff explained the support they provided people with their medicines and this confirmed they followed safe practice guidance. Staff told us they had received training in the administration of medicines and records confirmed this. The provider also had a medicines policy and procedure to support staff. From viewing people's medicines administration records, we identified hand written medicines had not been signed by two staff. This is recommended as good practice to ensure there are no mistakes with the recording of information. This was brought to the attention of the management team who agreed to review their process and make the required amendments.

Staff had received training in infection control measures and food hygiene. They demonstrated they were knowledgeable about how to reduce the risk of cross contamination and reduce any risks to people's health.

There was a process in place to monitor any accidents and incidents, the management team said they considered any patterns or trends if a person was experiencing a number of accidents. Examples were given of action taken when concerns were identified such as reviewing a person's care package or a referral to external health and social care professionals being made.

Is the service effective?

Our findings

People received an assessment of their needs before they received a care package to support staff to understand and be informed, of what support people required. The assessment considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. People's needs were assessed and provided in line with current legislation and best practice guidelines. The management team told us how they kept their knowledge and awareness up to date by receiving alerts advising them of any legislative changes. This included organisations such as Skills for Care, this organisation supports provider's in the development of staff.

People who used the service and relatives were on the whole confident staff were appropriately skilled, competent and knowledgeable about their needs. One person said, "The staff are pretty well trained. The new ones get brought around and shown the ropes." One person's raised a concern about how a particular need they had was managed by staff. We discussed this with the management team who agreed to follow this up.

Staff told us of the induction and training they had received and were positive that this was supportive. One staff member said, "We receive refresher training when it's due. The management team are really supportive, we have meetings to talk about our work but can contact any of them at any time and they're always there for us." Staff files confirmed they had received appropriate support to review their work and development needs.

Where required people were supported with meals and drinks. Some people required support from staff to assist them with preparing meals and told us how staff supported them. One person said, "I have proper meals they are chilled, and the staff pop them in the oven for me. Sometimes they will bring in fish and chips if I ask them. They always ask what I fancy and will make sure I have eaten."

Staff were knowledgeable about any dietary needs people had and told us how they dated opened foods to ensure people were not at risk of eating out of date food. Staff also told us when leaving a person they ensured the person had drinks and snacks available and within each reach. People's care records confirmed any dietary needs had been assessed and planned for. Staff told us there was no person who had any dietary needs associated with their religion or cultural needs, but were aware of the significance this may have been for people.

Staff told us how they worked together with external professionals to support people with any health or social care need. This involved following any recommendations made by external professionals such as what support to provide with any mobility needs. If staff called the emergency service such as the paramedics, they provided them with information about the person to assist them in their ongoing care needs. Staff also worked with social care and housing when required to support people to achieve good outcomes.

People were supported to maintain good health. People told us if staff noticed any changes in their health

they took action. A relative said, "[Name of family member] has been ill when the staff member has been here and has stayed until we can get home. One time it was over three hours they were waiting with [relation] until the ambulance came." People's care records confirmed staff had been provided with information about any known health needs and what support was required of them.

People were asked for consent before staff provided care and support. We saw examples of people's care plans that had been signed by the person to show they had given consent. Some people had a lasting power of attorney that gave another person legal authority to give consent on their behalf. This information was known by staff.

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 on their behalf must be in their best interests and as least restrictive as possible. The management team told us people who used the service were able to consent to their care.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by staff. People told us they liked the staff who came to support them. One person said, "They (staff) are all very kind. I am pleased and very happy with them." A relative said, "They are all very pleasant and treat my [relation] with kindness. I would say there is total respect by all staff. They are supportive to me too."

People gave examples of how staff often went 'the extra mile' for them. One relative said, "The main staff member (Name) is really good with [relation] and will do things that are not in their remit. For example [relation's] hair was getting long so they found a barber who would come to the house."

Another person told us they had a particular health condition that they were very private about which they required minimal of assistance with from staff. This person said, "They (staff) are so good at turning away and respecting my privacy."

The management team spoke highly of the staff and gave examples where staff had gone above and beyond their duties, demonstrating a commitment towards the people they supported. We were told how one member of staff supported a person once a month in their own time to go out and have a social meal together. The staff member provided support to the person's loved one before they passed away. Another staff member who supported a person that required a period in hospital but had a dog that needed caring for during this time. The staff member contacted various organisations on the person's behalf to find temporary accommodation for the dog but was unsuccessful. With the agreement of the person, the staff member took the dog home and cared for it until the person returned home.

We reviewed seven compliments the service had received during 2017. Comments demonstrated the positive and caring approach of staff. These included, "Thank you for your care and friendship." Another comment described staff as, "Genuinely caring and friendly."

Staff were knowledgeable about people's preferences, routines and what was important to them. Staff also told us how much they enjoyed their work showing a commitment and positive attitude. One staff member said, "I love my job, meeting new people and helping them with things they can't do themselves." Staff showed compassion in the examples they gave about how they supported people at times of distress or discomfort. One staff member said, "Some people are lonely and perhaps we are their only contact all day. It's important to listen and show people they matter and we care about them."

People were supported to express their views and be actively involved in making decisions about their care and support. People received opportunities to meet face to face with a senior member of staff or the management team every six months or sooner if required to discuss their care package. People had been given information about independent advocacy. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People received care and support that respected their privacy and dignity and promoted their

independence. One person said, "They (staff) are keeping me safe and supporting my independence. I am very happy." Staff had received training in equality and diversity.

Is the service responsive?

Our findings

Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. People told us they had contributed to the planning of their care and support.

Care plans were developed to inform staff of what people's routines, preferences and wishes were. We noted that these care plans included information about the areas of support people needed such as; their mobility and their mobilising around their home, assistance with personal care and how to maintain safety. From speaking with people who used the service and staff, it was apparent people who used the service received the care and support they wanted in the way they wanted it. This included a preference of male or female care staff.

People who used the service told us they received on the whole, regular care staff and that this was important to them. One person said, "I have had regular staff over the years. They have all been very pleasant. The one I have now is excellent they look after me very well." Another person said, "I usually get the same staff and I know who is coming. There are about three of them, but I have one main one. I've not had a new one for a while, but they will usually bring them round to show them the ropes. Well the basics really because I can fill in any gaps." A third person said, "I occasionally get different ones (staff) and sometimes they change the times, they do ask if it's okay. We work together."

Staff confirmed they had regular people they supported and that people were informed in advance of the staff that were expected to visit. They said this could change however, due to unexpected staff sickness or emergencies. Staff also confirmed new staff completed shadow shifts to enable people to be introduced to staff before they provided care and support.

We asked the registered provider about The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People's communication and sensory needs had been assessed and planned for. The management team said that they would provide information to people in braille, large print and easy read if this was required.

People and their relatives were provided with the information they needed if they wished to make a complaint. We saw people were provided with a service user guide that explained the process for reporting a complaint. Some people told us about their experience of when they had complained to the management team and the action that had been taken to resolve the issues. One person said, "I think they are quite a listening company. It is run by three ladies and I have met them all. They are all approachable." Another person said, "I would speak to (management staff name) if I was worried about anything, they are a good listener. I have sometimes had to change the times for example if I have a hospital appointment. There is never a problem, they are quite flexible."

People's end of life wishes had not been discussed with them. However, the management team told us if staff were involved in supporting people at the end of their life, their wishes in relation to their care and

support would be discussed and planned for.

Is the service well-led?

Our findings

At the time of our inspection, the registered manager was in the process of de-registering and the care manager was applying to become 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.

The service promoted a positive culture that was person centred, inclusive and open. People were positive about the service they received. Nine people spoke highly of the service they received and said they would recommend it to others. Examples of comments received included, "I am very happy, very satisfied." "I would recommend them. I don't think anyone could do better."

The management team showed a commitment in wanting to provide people the best care they could, this included promoting independence, choice and staff having an enabling approach. The provider's 'Mission Statement' echoed this in its statement of what people could expect from staff. Staff had a clear understanding of the provider's vision and values for the service. One staff member said, "We support people with their independence for them to remain living in their own home."

People who used the service gave positive feedback about how the service was managed. They said that the service was responsive and flexible in its approach. Staff also said that the leadership of the service was good. They said the management team was supportive, approachable, and always quick to respond when they contacted them. The management team all provided care if required to do so and we found them to be very knowledgeable about people's individual needs.

The service had submitted notifications to the Care Quality Commission that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety. The ratings for the last inspection were on display in the home and available on the providers website.

There was a system of audits and processes in place that continually checked on quality and safety. This included spot checks on staff to ensure they were wearing the correct uniform, providing care and support in line with people's individual needs and that people were treated with dignity and respect. People also received opportunities to give feedback about the service via an annual questionnaire. Staff meetings were arranged regular and staff said they found this helpful and supportive.