Crescent Community Care Services Limited

Crescent Office

Inspection report

3 Festing Buildings
Highland Road
Southsea
Hampshire
PO4 9BZ

Tel: 02392738398
Website: www.crescentcare.co.uk

Date of inspection visit:
07 October 2019

Date of publication:
09 December 2019

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

About the service
Crescent Office is a domiciliary care service providing personal care to 139 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People and their relatives told us the service was safe, people were protected from the risk of abuse by staff trained in safeguarding who would not hesitate to alert the registered manager if they had any concerns. Risks were assessed, and controls put in place to minimise the risk of harm to people. Staff were safely recruited and there were usually enough staff deployed to meet people's needs. Staff were trained to support people with their medicines and to ensure that the risks of infection were minimised.

People's needs were holistically assessed, and care plans were person-centred with more detailed plans for people who were not able to tell care staff how they wanted their care delivered. Staff told us they felt supported and participated in one to one meetings with their line manager regularly and received regular training and updates. People were happy with the support they received with nutrition. The provider was able to support people with specialist dietary needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us that staff were kind and caring and they were involved in decisions about their care. They were supported to maintain their independence and staff treated them respectfully.

People told us they spoke with the registered manager before commencing a care package and that their care plans were regularly reviewed. Information was available to people in several different formats on request and the provider had met their responsibilities under the Accessible Information Standard. The provider supported a few people to access the community and several relatives told us they were grateful for the respite having a sitting service provided them with. There was a complaints procedure in place and people knew who they should complain to and if necessary would speak to the registered manager, however they had not had any reason to complain. End of life care planning needed to be more fully embedded into care planning.

People and their relatives thought the service was well-led and that the management team were approachable. The service provided was person centred and the registered manager and their team were committed to supporting people to achieve positive outcomes. Feedback was sought from people and their relatives which was mainly positive, negative comments were addressed when received. Good working relationships were in place with health and social care professionals,

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
The last rating for this service was requires improvement (published 18 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crescent Office on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Crescent Office

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and two Experts 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.
Inspection activity started on 7 October 2019 and ended on 10 October 2019 We visited the office location on 7 October 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 11 people who used the service and 11 relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We sought feedback from staff by email as there was not enough time to speak with them all in person. We received seven responses to our enquiries. The provider sent all requested information in a timely way.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• The provider had a safeguarding policy and procedure and staff were trained in safeguarding.
• Staff had a good working knowledge of the signs and symptoms of possible abuse and told us they would speak to the management team if they had any concerns about people. Staff members were confident that their concerns would be acted upon.
• If staff were concerned about a colleague's practice they would act. One staff member told us, "I would speak to them first, gently try to talk them into doing things in a different way as they may be causing discomfort and they may not realise. If it carries on I would approach the manager." Other staff members told us they would go directly to the registered manager and were confident they would address their concerns.
• Staff were aware they could approach other agencies such as the local authority and the Care Quality Commission if they believed their concerns had not been fully dealt with.

Assessing risk, safety monitoring and management
• Risks concerning people, their care needs, and their environment were assessed and actions to mitigate them put in place.
• Each person's environmental risk assessment considered, for example, other members of the household, pets, heating, type of cooker, whether smoke alarms were fitted and the condition of items such as the kettle.
• Risks such as medicines, mobility, falls and moving and handling were assessed and mitigated through care plans.
• An audit of risk assessments was completed to ensure they were current and were being regularly reviewed.

Staffing and recruitment
• Staff were safely recruited, and all required pre-employment checks were completed before staff commenced in post.
• Each staff members record contained a completed application, interview notes, references and a Disclosure and Barring Service, (DBS) check.
• Staff told us there were usually enough staff deployed to meet people's needs, however, during periods of sickness or other absence they were exceptionally busy as they covered for each other. People told us this made some care call times vary however they understood why.

Using medicines safely

Medicines were not safely managed when we inspected Crescent Care in 2018. No specific records were in place for medicines. There had previously also been concerns that medicines such as antibiotics or liquid medicines were not supported by staff as they would only administer what was contained in a monitored dosage system (MDS). The failure to fully protect people from the risks associated with the unsafe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.
The provider had addressed this by introducing a medicines administration record (MAR) sheet which ensured people received all prescribed medicines. At this inspection we found the provider was no longer in breach of this regulation.

• People told us their medicines were safely managed. A relative told us, "They help [name] with medication if I am out. All perfectly done, and they record everything in the folder." Another relative said, "Very reliable with medication. If anything changes they bring round a new sheet straight away and always write everything down." A person using the service told us, "They apply creams and ointment; they write everything down."

Preventing and controlling infection
• Staff participated in training in infection prevention and control and were provided with personal protective equipment, (PPE) to minimise the transfer of infection. Gloves, aprons and anti-bacterial hand gels was provided, and staff told us the provider would order specific items as needed such as extra small gloves.
• Staff knew how to minimise the transfer of infection. They told us they would use gloves and aprons, change them following personal care, and ensure that the environment was kept clean. In the event of an outbreak of infection they would ensure they maintained good hygiene procedures and keep the office informed as to people's well-being.

Learning lessons when things go wrong
• Audits had been introduced which reviewed aspects of care documentation including risk assessments and care plans. In the event of an accident or dangerous occurrence, assessments would be revisited, and plans adapted to minimise future risks.
• Themes were looked for when people had accidents and referrals to healthcare professionals made as required.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People and their relatives told us they were involved with planning their care. One relative told us, "Every aspect of my relatives care is discussed fully." Another said, "We have lots of conversations about care and are totally involved." A person using the service told us, "The manager talks to me about my care as they pop round to review quite often."
• The protected characteristics of the Equality Act 2010 were considered in assessments and care plans and care plans were appropriate to each individual.
• Care plans had been noted to vary in quality at our last inspection. At this inspection we saw some care plans with extensive detail about how to provide person centred care and others that were more of a list of tasks to be completed. The registered manager told us that people who could tell staff how they wanted their care delivered had less detailed plans as staff would simply ask them if they wanted a bath or shower, what they might like for breakfast and what they would like to wear. This was a person-centred approach and staff, if someone became unable to express their views, had extensive knowledge to add to care plans should they require more detail.

Staff support: induction, training, skills and experience

At our inspection in 2018 the provider was not providing adequate training or support to staff members. The failure to provide staff with appropriate support, training, supervision and appraisal as necessary to enable staff to carry out the duties they are employed to perform is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
At this inspection we saw and were told by staff that they had more frequent and regular supervision meetings and had received training in areas such as the Mental Capacity Act 2005. The provider was no longer in breach of this regulation.

• Staff participated in regular supervision or one to one sessions. Staff generally found these sessions useful. One staff member told us, "It's swings and roundabouts. It is useful to share information about people but if there is an immediate concern we would always see the manager immediately." Another staff member told us they felt extremely well supported as the management team 'bent over backwards' to support them whether through work problems or personal issues.
• Most staff were happy with the training they had received but one staff member said they would like more training in some areas. They told us that more practical training on using equipment for staff new to care would be helpful as, in their opinion, new staff needed quite a lot of support, and additional dementia

training would help them as many of the people they visit were living with dementia.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff members prepared a variety of meals for people, sometimes ready meals just needed to be heated while other people preferred meals to be made from scratch. Staff told us that care plans were useful if someone were unable to tell them what they wanted to eat as their preferences were listed. Food records also informed staff of the meals people had recently been provided with, so they could ensure they were providing a variety of choices for them.
• People and their relatives were happy with the support staff provided with meals. One relative told us, "Yes [they support with] breakfast. Lunch is a ready meal with frozen veg. There wouldn't be enough time to cook from scratch, but they try and help him. He was just having a cottage pie, but they asked if they could get the packets of veg to do as well as he will eat whatever you give him, but wouldn't have asked for veg."
• Staff were aware of people's needs in terms of specialist diets, for example, supporting people who had difficulties swallowing or with diets to maintain their wellbeing when living with diabetes.
• Currently the provider was not supporting anyone who received nutrition through a percutaneous endoscopic gastrostomy, (PEG) however had done so and would train staff to do so in future should the need arose.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The provider had good working relationships with health and social care professionals and was commissioned extensively by the local authority to provide care packages.
• Staff would monitor people's health and well-being and when needed, healthcare professionals such as GP's or district nurses would be contacted for support.
• Peoples care plans contained information from healthcare professionals such as how to care for one person's splint.

Ensuring consent to care and treatment in line with law and guidance
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.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection, the provider was not compliant with the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
We spoke with staff and asked them questions about the MCA. Staff were able to tell us what the Act meant to them in their day to day duties. Staff had a good working knowledge of their responsibilities under the Act. People had MCA assessments in their care records. The provider was no longer in breach of this regulation.

• Staff had been trained about the MCA and ensured they asked people for consent before providing support and offered choices routinely.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People and their relatives told us that staff were kind and caring. One person said, "They are kind people." Another told us, "I like some of the carers more than others but that's life!" A relative told us, "They have all been kind and respectful."
• Staff spoke fondly of people they supported and were respectful of their religion, culture and disabilities for example. A relative told us, "They are very respectful of our faith."
Supporting people to express their views and be involved in making decisions about their care
• People and their relatives told us they were involved with decisions about their care. This included being involved in care plan reviews and day to day decisions.
• A relative told us, "I think they listen to us and do things the way they are asked to."
• People and their relatives were regularly consulted about their care and had frequent reviews. People told us that they would often talk things through with the 'office' if they needed to.
• A person told us, "They came out and had a chat recently as I know I need more help and the manager said they would call Social Services for me and arrange it all." The provider linked to health and social care professionals to alert them of any additional needs that people may have.
• Though no one currently needed information to be supplied in different formats to aide their understanding, people told us that care staff would read information to them and make sure they understood.

Respecting and promoting people's privacy, dignity and independence
• Most people and their relatives were happy with the treatment they and their relatives received. One person told us, "They treat me and my home with respect." Another said, "I live by myself which I couldn't do without their help."
• A relative told us, "They treat my relative with respect at all times." Another relative told us, "Always respectful." One relative was less positive about the treatment their family member received, "On a couple of occasions my relative has said that the word 'respect' seems to be lacking." We will pass this comment to the provider so they can act on it.
• People were supported to maintain and improve their abilities and independence. We received a lot of positive feedback from relatives who were also able to maintain their independence as an indirect result of the support provided by Crescent Office. People felt confident to leave their relatives with care staff so they could have respite from their caring role and lead a more normal life. One relative said, "I can only go out when they come for a respite sit so without them I would have no independence." Another commented, "We could not go out without having someone to sit with my relative so it helps us a lot."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• Whenever possible, people and their relatives were involved in care planning. People and their relatives made the following comments, "They came out to talk to me before the carers started coming and wrote me a care plan according to everything we had discussed." "The care we get was talked through thoroughly before they started coming on a regular basis." "The manager sat and chatted with us and together we did the care plan."

• People told us that care plans were reviewed regularly, some people thought every three months, others every year. The provider responded and acted if there were any problems.

• People told us that when new carers visited them they would read the care plan before commencing care tasks. Relatives told us they would offer advice and support to new staff until they got to know people better.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The provider met their responsibilities under the AIS.

• At the time of our inspection we were not able to speak with anyone who received information in different formats to suit their particular needs. One person told us, "I am sure I saw in our folder that we only needed to ask, and large print versions of documents would be provided."

• In addition to large print, the provider could access translators, local interpreters, typed information shared electronically and could provide Braille materials. They had also successfully used a widely available translation application found on smart phones and tablets when initially speaking with someone for whom English was not their main language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• The provider supported some people to access the community. The registered manager told us, "We do a lot for service users to support them. I personally assisted a service user to access the bank, as it was next to ours and they had not been out of their house for six months. They enjoyed it so much that they asked for a regular escorted outing for shopping and lunch."

• A person told us, "Sometimes we go out for a coffee, we go to [name of coffee shop], I like that." Other

people had been asked if they wanted to go out although some people didn't want support with social activities.
• We received feedback from relatives which praised the provider who provided a sitting service for their family member which enabled them to get out and reduce their own social isolation.
• The provider was also aware that some people might feel lonely at certain times of the year. At Christmas, for example, the company directors would prepare and distribute Christmas dinners to people who would be alone for Christmas day. They also provided meals for staff who worked on Christmas day.

Improving care quality in response to complaints or concerns
• People and their relatives told us they knew how to make a complaint. Information about how to make a complaint was in their care files in their homes, however most people felt comfortable to just telephone the office and speak to someone if they had a problem.
• One person told us, "I'd phone the carer's office, but I have had no problems". Another said, "I would speak to the Crescent office manager, but I haven't had to". A relative told us, "I would speak to the carer manager". A second relative knew how to make a complaint and what to do if it wasn't acted upon saying, "I know that if the office can't sort out a problem then I can talk to Social Services or complain to the CQC if it's really serious."
• The provider had a robust complaints procedure which stated that all complaints and concerns would be handled sensitively and confidentially and that once a satisfactory outcome had been achieved the concern would be used as a source of quality improvement.

End of life care and support
• The provider had an end of life policy in place, based on current best practice, which detailed what support people wished to receive before, during and after death..
• Most people we spoke with had not discussed an end of life care plan, some because they did not want to consider it yet, but other people and relatives told us, "No we haven't discussed that yet." The people who had considered end of life told us they had a 'do not attempt resuscitation', (DNACPR) on file, they were not aware of a specific end of life care plan.
• At the time we inspected there was no one receiving end of life care. We reviewed care files of people who had different medical conditions and of different ages and did not see any end of life care plans.
• The provider sought end of life care plans from all involved agencies such as GP's district nurses and commissioning social workers. These would be integrated with plans made with the person so end of life care was delivered as the person wanted whilst meeting medical needs as directed.
• There was an end of life procedure based on the 'Six Steps' approach to care. This needed to be embedded more fully into care planning to ensure that people had adequate time to consider and plan for their care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection in 2018, the provider had failed to have effective systems and processes in place to monitor the safety and quality of the service and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw records of extensive audits including audits of personal files, training, care plans, MAR sheets, risk assessments and consent. The provider had improved significantly and was no longer in breach of this regulation.

At our last inspection the provider had failed to make appropriate statutory notifications to CQC which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. There had been an improvement in the frequency of notifications.

All deaths, whether care was being delivered at the time or not, were notified, as were any safeguarding concerned raised with the local authority. The provider was no longer in breach of this regulation.

• People and their relatives knew who the registered manager was and told us they were approachable and listened to them if they had any concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People and their relatives told us that the service was well led. One person told us, "I think it is well managed." A relative told us, "Everything seems to be as well managed as possible." A second relative said, "It is a good service from our experience."
• There was a clear commitment to providing person centred care and people and their relatives told us they felt included and involved with their care plans. People were supported to maintain and develop skills and independence.
• Staff told us they found the management team approachable and that they would not hesitate to go to them with work or personal concerns. We were told several examples of the registered manager going over and above their responsibilities as an employer to support staff who were experiencing difficulties in their home lives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• When things went wrong, the provider would ensure that issues were investigated, and satisfactory outcomes sought for all involved parties.
• We found the registered manager and company director were forthcoming with all requested information when we inspected, they were helpful throughout and forwarded all additional information in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
• An annual questionnaire was sent to people and their relatives to seek feedback on the service provided and to ensure that potential improvements were identified.
• Comments from the last questionnaire included, 'Excellent carers and office staff. Nothing is ever a problem and always polite', 'Strongly believe that they are doing an excellent job of looking after [person] and are a credit to you. Please pass on my thanks to them all'. Another relative had written, "We were unhappy with the lady [care staff] today who came at lunchtime. Smoking outside with a friend. I wouldn't let them touch food. Don't want them again'. Most comments were positive; however. the provider had dealt with any concerns that had arisen.
• Staff were also encouraged to feedback about their experiences with people. The registered manager told us they valued the information gained by care staff who worked regularly with people, they had valuable insights that may not be noted at reviews for example.

Working in partnership with others
• The provider worked closely with local authorities who commissioned care packages from them. They had forged positive working relationships with other health and social care professionals including, GP's, district nurses and occupational therapists who they worked closely with.