

CRS Doctors Ltd

CRS Doctors Limited

Inspection report

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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 ●

Summary of findings

Overall summary

The inspection of CRS Doctors Limited took place on 19 June 2017 and was the first inspection of this service. The on-site visit was followed by two days of telephone calls to staff, a relative, friends and professionals.

CRS Doctors Limited is a domiciliary care agency providing support for people living at home which could include 24 hour live in care. At the time of inspection there were two people using the service.

There was a registered manager in post and we spoke with them on the first day of 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.

People, relatives and their friends told us they felt safe and staff were knowledgeable and experienced. Safeguarding concerns had been dealt with appropriately and guidance issued for staff.

Risks were managed in a person-centred manner and focused on risk reduction to minimise the likelihood of harm.

Care shifts were planned in advance and contingency plans were in place in event of sickness. Medication was managed safely and correct procedures followed.

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.

People told us they received appropriate help with eating and drinking and were encouraged to access external service such as GPs or other professionals as needed.

Staff and the registered manager were spoken highly of, with people feeling they offered good care. They felt staff listened to them, provided necessary support but also encouraged independence.

Care records were detailed and focused on the individual's needs. Daily records evidenced the plans were followed and people were offered choices and support as per their preferences.

The service had not received any complaints but did have many compliments.

The registered manager provided clear, effective and sound leadership, was fully aware of their responsibilities and was open to learning and development to improve the experience of people receiving support.

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.

People felt safe and relatives were happy with staff who responded to concerns appropriately.

Risks were managed in a person-focused manner and no calls were missed.

Medication was administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training.

People were offered choices and their preferences were met wherever possible.

Nutritional and hydration needs were well met and access to external agencies sought if required.

Is the service caring?

Good ●

The service was caring.

People were happy with staff describing them as friendly and kind.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

Care was delivered in a person-centred manner and care records reflected current needs.

No complaints had been received but there was a clear policy in place and we saw evidence of many compliments.

Is the service well-led?

Good 

The service was well led.

The registered manager/provider understood their role and had in-depth knowledge of the people and staff in the service. They had high expectations and were willing to learn.

There was positive feedback from external professionals and evidence of auditing.

CRS Doctors 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 inspection took place on 19 June 2017 followed by two days of telephone calls to people using the service, their relatives and friends 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 someone would be in.

The inspection team consisted of one adult social care inspector.

We had not requested a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with one person using the service and a relative of the other person. We also spoke with one person's informal advocate and a social worker. In addition we spoke with four staff including three care workers and the registered manager/director.

We looked at four care records including risk assessments, two staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

One person told us "I feel safe. The service is good and staff always turn up on time." One person's friend said "All shifts have been covered, and if there has been an issue the manager will cover themselves." One relative told us, "I feel [name] is safe. There have been no missed calls."

We asked the registered manager how sickness was covered. They explained they would ring other staff or cover themselves if necessary. No one had ever had a missed call. We looked at staffing rotas and saw these had been completed in advance of requirements and ensured full coverage of all calls. Staff also told us they knew well in advance their shift pattern and were rarely asked to cover extra shifts.

We looked at staff recruitment records and found the service was ensuring staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

One person's friend told us, "There have been no issues with medication. All is administered properly including PRN (as required) medication." One support worker spoke with us about the procedure they followed including what action they would take if the person refused their medication. They also told us they had been observed while administering it to ensure they were doing this properly.

We saw where staff assisted with medication, medication administration sheets were completed in detail. The registered manager regularly audited these. One incident had been identified where medication had not been signed for on the medication administration record but a full investigation had been carried out with evidence it was an oversight by the staff member. New policies and procedures had been implemented as a result and staff training reinforced the message. This showed the registered manager was responsive to acknowledging shortfalls and improving systems where gaps were evident.

We looked at safeguarding records and found a serious concern had been dealt with appropriately and in a thorough manner, with a full investigation. Learning from the incident had been taken forward for the future benefit of all people using the service and appropriate action with the staff member had been instigated.

We asked one support worker what safeguarding meant to them, and they replied, "Making sure the person I am supporting is well looked after. They need to be safe from harm. As they are vulnerable and do not have capacity, they could be open to financial or physical abuse. If I had any such concerns I would ring the manager and report it straightaway." This showed staff understood how to handle such concerns appropriately.

Risks were assessed on an individual basis and plans to minimise these as far as possible were in place. Moving and handling assessments included consideration of a person's medical conditions, physical abilities, pain levels, skin integrity, frequency of falls and communication abilities. Each specific movement or transfer was considered in turn for both the person and the member of staff involved, and any

environmental impact. Specific equipment was also mentioned although no one currently had complex moving and handling needs. Each person's specific routine was recorded in depth providing detailed guidance of staff to follow.

Any accidents or incidents were recorded promptly and appropriate action taken such as calling the GP. Body maps were used to record any markings and close monitoring followed any falls.

We saw, where the service was the main provider, general safety checks had been carried out in people's properties such as ensuring the smoke alarm was working.

Is the service effective?

Our findings

One person said, "Staff know what they are doing and I always get plenty to drink. I also get a good variety of food such as strawberries." One relative told us, "Both staff are very well trained and arrive on time. They have been matched well and know what they are doing."

When new staff commenced employment they received an induction and introductory visit to the person they would be supporting to ensure they would be suitable. Notes were kept of this visit by the registered manager and people's feedback obtained. One relative reported in their feedback, "I was impressed how many questions were asked to find out as much as possible about [name]. Prior to this a comprehensive pen picture was made so the new staff member know [name] on paper before they met him." New staff completed the Care Certificate. This is a set of minimum standards for all workers new to care delivery to complete to ensure they have the skills to support people safely and appropriately.

Staff were supported with regular supervision. This included the opportunity for them to raise any issues and identify any gaps in their knowledge. One staff member had commented in their supervision, "I'm really happy. I'm now seeing some positive results with [name]." This showed staff could see the value of their role and were keen to ensure the people they were supporting were happy. Staff's views were also sought on the training they received and the support they were offered. One staff member said, "I feel supported. The manager is very approachable and always listens. They have an open door." Records were signed and dated by employee and the registered manager.

We looked at staff training records. Staff had received training in mental capacity, person-centred planning, medication management, safeguarding, health and safety, risk assessment, epilepsy awareness, moving and handling, food hygiene and first aid. All staff training was current and where updates were needed, these had been booked in.

People's nutritional preferences were recorded and regular hydration was encouraged.

There was evidence in people's files which showed people had access to external services such as chiropody or opticians when required.

Is the service caring?

Our findings

"Staff are very friendly and they always listen to me" one person told us. One person's friend said "I feel [name] is looked after very well and they are very happy with the service. Staff know what they are doing." They continued, "All the staff are lovely and they all bring something different based on their own experiences."

In another record we saw one relative state when questioned about a particular member of staff, "Yes, they're really good. We are so pleased with them. They have a brilliant attitude, take the initiative and are caring, responsive, thoughtful and trustworthy." They also said, "[Member of staff] made [name] feel very secure and several mini sessions helped build up trust. [Name] very much looked forward to going out – it greatly enhanced their quality of life and allowed access to the community they otherwise would have found very difficult."

One support worker said they knew they had done a good job when, "[name] has a lovely time shown by the big smile on their face. When they don't want me to leave, I know I have done something right."

People's preferences for gender of care staff was recorded and met. One person preferred male members of staff and these were provided to support them.

We saw recorded in some feedback from one person's friend, "The live-in care, the waking night sitters and the staff who cover the breaks have all enhanced their life. I see them laughing and enjoying the conversations which go on through the day. "

Staff told us of various measures they used to protect a person's privacy and respect their dignity such as ensuring a change of clothes if going out and planning ahead for the use of toilet facilities.

Is the service responsive?

Our findings

"I've never had to make a complaint" said one person. One close friend of a person using the service told us "They are generally very good. Issues are resolved quickly and successfully." The service had a complaints policy in place and people knew how to raise any concerns.

Care records were person-centred and included a photograph of the person receiving support. Key contact information was easily accessible as was the outline of the support package being provided. One person was receiving support in conjunction with another agency and the care record clearly evidenced where the roles were separated. An overview of each person's care needs was also available to show 'at a glance' significant information for all support staff.

The person receiving live in care support at the time of inspection had their personal routine logged to support staff in providing care and support when needed and when to allow the person some space. The role of each staff member was also specified according to which shift they were working which meant there was less opportunity for tasks to be missed.

Records included statements such as "I like to chat about current affairs and am a good listener. However, when I want a rest I will close my eyes. This is your sign to allow me to rest" and "[name] has periods of wanting quiet and can sometimes be sad. To lift their mood, offer music or chat with [name]. However, if they wish for time alone, then leave the room."

We asked support workers how they knew to care for people. One support worker told us, "I have read the care plan and risk assessments. They paint a picture, showing me how to support their more difficult behaviour and their likes and dislikes." It was evident from reading this person's notes staff were adhering to these comments.

Care records included details about communication needs, personal care tasks, moving and handling needs, personality, memory, emotional health, pain, nutritional support and skin integrity. Each of these needs was rated low, medium or high and had a corresponding assessment to guide staff as to how best to meet these needs.

Daily logs were kept showing what support had been offered to people. We saw evidence of detailed, person-centred recording showing very specific information about people's moods and experiences as well as the practical support offered. One record noted "A very positive day for [name]" as they had shown enjoyment and engagement with the activities undertaken. Staff also spoke with us about the importance of detailed recording, especially for staff following on the next shift.

We saw evidence of regular reviews of the records to show they reflected current needs. People received an initial review a few weeks into receiving support to ensure they were satisfied with the care being provided. In one record it was recorded, "[Name] will recommend CRS Doctors as they have never experienced this quality of support."

Is the service well-led?

Our findings

One person said "Nothing could be done better. I've never had any problems." One person's friend said "Where there were issues with a couple of staff these were dealt with promptly and to our satisfaction." They also told us, "The manager is very responsive if there are any issues and very receptive to changing things if this makes it better for [name]. They have [name's] best interests at heart." One relative said, "It is very easy to get hold of [the manager]. They always respond promptly. I feel the service scores 10 out of 10."

We also spoke with staff who endorsed this view. One support worker said, "It's a really good company. Management is very supportive, understanding and helpful. I'm not afraid to ring about anything." Another support worker said "The manager is an angel. They meet me regularly and offer as much support as I need. I can discuss anything I like."

As the service was only supporting two people at the time of inspection audits were limited but there was clear evidence of individual quality assurance processes being followed for each person to check the standard of service delivery and the quality of staff input. The audit tool was detailed and considered the relevance of the information in the person's file, any complaints or concerns which had been raised, a review of medication records and the view of the person receiving the service where this was possible.

One person's record read "I'm very happy with the service. I do not want to change anything. I could not have better carers and I sometimes feel half my age." The person was also asked about specific care staff to ensure service delivery was consistent. Comments included "[name] – they're great, has a good sense of humour and an infectious laugh" and "[name] likes to cook." These views were endorsed by the person's close friend who said "I no longer feel anxious going away" which meant the service was fulfilling its objective of providing some carer relief.

The registered manager conducted regular visits to people's homes to check care delivery was in line with expectations. Notes were made of each visit including the views of the person receiving support. People were also offered a questionnaire and we saw 'excellent' ratings for caring attitude, feeling safe, good understanding and responding to needs. One relative noted, "The service is the most professional I have encountered. No other agency has taken the trouble to ensure [name's] safety and well-being by continual but unobtrusive checks on care provided."

We asked the registered manager what systems they had in place if they were absent due to illness or holiday as the size of the service prohibited a deputy manager. They explained they used a training provider who was very knowledgeable and was accessible for all staff or people using the service if needed. This would also be the case if any complaints were raised against themselves to provide an independent voice.

Due to the small size of the service staff meetings were not held but we saw evidence of directives and policy changes emailed to all staff which were then discussed within their individual supervisions to ensure it had been understood.

We asked the registered manager what they felt the key risks to the service were and their main concern was growing too quickly meaning standards dropped. They stressed how keen they were to ensure this did not happen and only supported people where they knew they could meet their needs properly. Likewise, we asked what they felt their main achievements had been and they told us, "We get positive feedback from the people using the service and their relatives, and also other professionals. This results in more requests for support."

The registered manager ensured they delivered quality practice through attending other externally arranged registered manager meetings to share knowledge and experience, delivering training on safeguarding matters to other professionals in the Bradford area and responding to feedback from people receiving the service. They found discussing others' experiences provided valuable learning opportunities and valued the chance to have open discussions. They had an established network of peer support from a registered domiciliary care manager, an operations manager and a social care training company owner.