

Crewton Care Limited

Crewton Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Crewton Care is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 2 people were receiving personal care.

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.

Quality assurance systems were not always effectively carried out to ensure people were safe. Not all incidents of abuse or alleged abuse had been reported to CQC. Information of how to reduce risks to people's safety were included in people's care plans but were not always detailed.

Safe recruitment practices were in place to ensure only suitable staff worked at the service. Enough staff were employed to meet people's needs.

Everyone said they were satisfied with the care staff provided and with the management of the service. People said safe care was provided and they were protected against the risk of infection.

The registered manager understood their responsibilities and worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Report published in November 2022).

Why we inspected

The inspection was prompted by a concern we received that safe care had not been supplied to a person. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Crewton Care

Detailed findings

Background to this 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 1 days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 13 March and ended 14 March 2023. We visited the office location on 14 March 2023.

What we did before the inspection

We reviewed information we had received about the service since registration and we sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this

inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service, 1 representative of a person and a specialist nurse, about their experience of the care provided. We also spoke with the registered manager, a director of the service and 3 staff members.

We reviewed a range of records. This included 2 people's care plans, records relating to the management of the service. Policies and procedures were also reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to CQC. However this had not been reported to CQC for one incident under safeguarding procedures. Please refer to the well-led which refers to the breach of regulation 13.
- People were protected from the risk of abuse.
- People said that staff followed safe working practices and there was good protection from the risk of abuse. One person said, "Staff are okay. I feel safe." The specialist nurse also stated to us that safe care was provided.
- Staff demonstrated they understood how to safeguard people and were aware they needed to report to the registered manager if abuse was suspected or alleged. They were confident the management would act if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Risk assessments were in place for a range of issues including skin integrity and continence. Some risk assessments lacked detail such as assisting with managing distressed behaviour. We found no evidence this had caused unsafe practice and the person confirmed safe care had been provided. Staff were able to describe how they safely managed a person's distressed behaviour. The registered manager took action when informed of the issue and added relevant detail to the risk assessment.
- People said care staff had safely met their care needs. Staff were able to describe how they provided safe care.
- Assessments included checking environmental risks to identify and managed risks in people's homes.

Staffing and recruitment

- Sufficient staffing was in place according to people's needs and staff feedback.
- Recruitment systems for current staff showed evidence of good character, references and criminal records checks had been completed for staff. These checks help prevent unsuitable people from working with people who use the service.
- Care plans identified the number of staff required to deliver care safely. People confirmed the right number of staff were always there to provide support to them.

Preventing and controlling infection

- People were protected from the risk of infection as everyone told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff described relevant infection control measures in place to protect people.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that management always ensured supplies were in place.

Using medicines safely

- Medicine was safely supplied to people.
- People confirmed that there had been no problems when staff supplied medicines to them.
- A medicine audit system was in place to check that medicine had been administered properly.
- Staff were trained to administer medicines.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- There was evidence of lessons learnt in dealing with a safeguarding concern.

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 MCA 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 make particular decisions, any decisions 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.

- People's capacity to make informed decisions were considered. The service had worked alongside other professionals in ensuring that appropriate authorisations were applied for when depriving a person of their liberty.
- The care plan stressed that people were asked for their consent when they could make their own decisions. Staff had a good understanding of the principles of the MCA. People told us staff always sought consent before they were supported.
- There was a MCA policy and procedure in place. The registered manager was aware of the process for best interest decisions when a person lacked capacity or had fluctuating capacity.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Auditing systems in place did not always effectively identify concerns.
- Audits and checks had been carried out to check the service met people's needs. Auditing had not identified issues we found such as the lack of detail in some risk assessments. The safeguarding audit did not include whether all reported incidents have been reported to relevant agencies such as the local authority and CQC. One safeguarding incident had not been reported to CQC as required.

The provider had failed to recognise and report a safeguarding incident to CQC. The lack of leadership and management oversight of the quality of care provided increased the risk of harm. This was a breach of regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their role and the needs of their staff team. Staff understood their responsibilities, and who to report to if they had concerns and needed help.
- Spot checks with staff took place. They showed staff were providing appropriate care and had a positive approach to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys to people were positive about the standard of care provided.
- Staff meetings were held to discuss the service. Relevant issues were discussed, which had included important issues such as training and people's care needs.
- People told us that they were treated fairly and had their needs met.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager aimed to promote a positive culture that was inclusive and empowering to achieve good outcomes for people.
- Staff said they were provided with good support from the management and said whenever they had an issue, they were able to get in touch with management who always responded positively.

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

- The registered manager was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

Working in partnership with others

- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was evidence the registered manager had liaised with the adult care department, specialist nurses and occupational therapists.
- Staff understood they needed to inform the registered manager if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to recognise and report a safeguarding incident to CQC. The lack of leadership and management oversight of the quality of care provided increased the risk of harm.</p>