Krystal Care Limited

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Inspection report

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

Tel: 01159784589
Website: www.krystalcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 20 April 2016. Krystal Care Limited is a domiciliary care service which provides personal care and support to people in their own home across Nottinghamshire. On the day of our inspection 38 people were using the service.

The service had a 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 provider had not carried out all of the required pre-employment checks on staff which meant people were exposed to an avoidable risk. There was a sufficient number of staff available to meet people's needs and people received the support required to safely manage their medicines.

People told us they felt safe and staff understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were assessed and appropriately managed.

Staff were provided with the knowledge and skills to care for people effectively. People received the support they required to have enough to eat and drink. Staff acted appropriately in contacting healthcare professionals and supported people to attend appointments if required.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Procedures were in place to act upon any concerns about people's capacity to make their own decisions. People were asked for their consent before receiving any care.

There were positive and caring relationships between people and staff because staff took the time to get to know the people they supported. People and their relatives were able to be fully involved in the planning and reviewing of their care and staff supported people to make day to day decisions. People were treated with dignity and respect by staff who understood the importance of this.

People were provided with care that was responsive to their changing needs. There was a system in place to monitor staff punctuality and ensure that people always received the care required. There was a clear complaints procedure in place which was provided to people when they started using the service. The provider responded well to any comments they received.

People were asked for their opinions about the quality of the service they received and action was taken in response to any issues raised. There were effective systems in place to monitor the quality of the service and these resulted in improvements to the service where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The required pre-employment checks had not always been carried out

There were sufficient numbers of staff to meet people's needs.

People received the support required to keep them safe and manage any risks to their health and safety.

People received the level of support they needed to manage their medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

People were asked for their consent before receiving care.

People were supported to eat and drink enough and to access relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

There were positive and caring relationships between people and staff.

People were able to be involved in their care planning and made decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received the care that they needed and their care plans provided clear guidance to staff.

People were supported to make a complaint and the provider responded appropriately to any concerns received.

Is the service well-led?

Good

The service was well led.

There was an open culture in the service and staff felt able to speak up.

There was an effective quality monitoring system to check that the care met people's needs.

People were asked to provide their feedback about the quality of the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 20 April 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because the registered manager is sometimes out of the office supporting staff and visiting people using the service. We needed to be sure that they would be in. The inspection team consisted of two inspectors and an expert 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.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also contacted commissioners who provide funding for some people who used the service.

During our inspection we spoke with 20 people who were using the service, one relative, two members of care staff, the registered manager and two members of the management team. We looked at the care plans of three people and any associated daily records such as the daily log and medicine administration records. We looked at four staff files as well as a range of records relating to the running of the service such as records of compliments, complaints and training records.

Requires Improvement

Is the service safe?

Our findings

People could not be sure staff were of good character because the provider had not taken all necessary steps to check if staff were suitable to work with people using care services. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. A criminal record check had not been requested for one member of staff and the provider had relied upon a check made by their previous employer. The provider told us it was their policy to accept DBS checks from previous employers if they were dated within six months of the start date. However we saw that the DBS check was not within this six month time frame. Where a staff member's criminal record check showed they had previous convictions there was no recorded assessment of any risk that may present to people who used the service.

The provider had not always requested references for staff from their previous employer and some of the references received were from their friends or relatives. Where references had been requested and not received, there was no record to demonstrate that the provider had chased for these references. One member of staff had cited their last two places of employment were working with vulnerable people but a reference had not been sought from one of these places of employment and there was nothing recorded to say why this was.

The application form that was used did not instruct applicants to explain any gaps in their employment history. In all of the files that we checked there were unexplained gaps in the staff member's employment history which did not appear to have been explored during the application and interview process.

The provider had not carried out all of the required pre-employment checks which meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of the people we spoke with told us there were sufficient numbers of suitable staff to meet their needs and staff were punctual. One person said, "If the Carer is going to be late, they usually phone ahead and let me know. Sometimes the office calls instead if there has been an emergency, but there has never been a time when nobody has turned up." We also saw positive comments from people about staffing levels in the completed satisfaction surveys we looked at.

A computerised system was used to plan each person's care calls and devise a weekly rota. This calculated how many hours of care needed to be provided and ensured that there were sufficient staff available to meet people's needs. Attempts were made to deploy staff in a convenient geographical area so that they did not have to travel long distances between care calls. We saw that there was a sufficient number of staff to ensure that calls were covered as well as allowing for staff sickness and leave. The registered manager also told us that they were looking to recruit additional staff.

The staff we spoke with felt that there were enough staff to meet people's needs and ensure they had their planned rest days. One member of staff told us, "Yes there are always enough staff – we all pull in". There

had not been any missed calls in the past 12 months which showed that the provider had enough staff to respond to people's care and support needs.

The people we spoke with told us they felt safe when staff were caring for them. One person said, "They always lock up after themselves when they leave and put the key back in the key safe." However, one person commented that they felt vulnerable because a number of staff knew the code to operate their key safe. We spoke with the registered manager about this and they took immediate action to send out reminders to people with a key safe prompting them to change the code periodically.

People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. Staff clearly described the different types of abuse which can occur and knew how to report anything of concern, either to the registered manager or directly to the local authority. The registered manager and provider ensured staff were provided with the required skills and development to understand their role in protecting people. Procedures were in place to ensure that information would be shared with the local authority if required.

People's care plans also contained information about how staff should support people to keep them safe. For example, where staff let themselves into people's home there was clear information about how they should enter the home and let people know who they were. There was also clear instruction to staff about securing the property and to scramble the key safe code when leaving. The staff we spoke with had a good understanding of how they could overcome any difficulties and challenges in keeping people safe.

People told us that any risks to their health and safety were appropriately managed by staff without restricting their freedom. One person said, "The carers always encourage me to use my walking frame, even when I am only taking a few steps." Another person told us, "I don't actually get help with washing myself, but the carer watches me in the shower as it gets really slippery sometimes." We were also told, "I am always being encouraged to walk using my frame."

Where there were risks to people's health and safety these were assessed and steps put in place to mitigate them. For example, there were assessments of risks associated with people's homes and the risk of people falling. The assessments determined the level of risk to people and described what staff should do to support the people to stay safe, such as ensuring they had any equipment with them. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these. The care plans we looked at described how to manage risks, for example by using equipment to help people to stand up. Staff told us that they supported people in a way which did not take away their independence and only offered support when it was needed. For example, some people could carry out parts of their personal care independently and staff supported this.

People told us they received the level of support they required to safely manage their medicines. Some people confirmed that they did not require any support in this area. One person said, "The girls (care staff) always watch me take my medication." Another person commented, "I do my own medication but the carers always check I have taken it."

When each person started using the service, an assessment of their ability to manage their own medicines was carried out. The level of support they required was determined following this assessment. This information was clearly recorded in their care plans and staff confirmed they were made aware of the support each person needed. Medication administration records confirmed that staff were providing the level of support that each person needed.

Staff were able to correctly describe the procedures they would follow when administering a person's medicines and told us that, should they have any concerns relating to medicines, this would be reported to the registered manager. All staff received training and support before administering medicines and this was provided on an on-going basis. The competency of staff was also assessed by way of an observation of their practice.

Good

Is the service effective?

Our findings

The people we spoke with provided mixed feedback about the level of support that staff received from the provider and registered manager. One person commented, "I don't feel that the carers get that much support from the office." Another person said, "They do tell me when they have training, it's something else to chat about." However, we also saw people had made positive comments about the competency of staff in completed questionnaires. One person had commented that they found the staff to be skilled and knowledgeable.

People were cared for by staff who were provided with the training and skills required to provide effective care. We saw that staff received a variety of training courses such as infection control, moving and handling and safeguarding. Training was refreshed at regular intervals and included a check of the competency of each staff member, to ensure they had sufficient knowledge of each subject area. The staff we spoke with told us they received good quality training which enabled them to carry out their duties competently. The provider had recently invested in an in-house training facility which enabled them to provide additional training and observations of staff. The registered manager told us that they had wanted staff to understand what it was like for people who received care. This was achieved in different ways, for example during moving and handling training staff were required to hoist one another.

Staff told us they felt supported by the registered manager and received regular supervision and observations of their practice, which they told us they found helpful. Records confirmed that supervisions were used for the discussion of work related issues, resolving issues between team members and also to address personal issues. New staff were provided with an induction which included training and shadowing more experienced staff. A member of staff told us the induction had prepared them well for their role.

People and, if required, their relatives were fully involved in the creation of their care plan and were asked to provide consent. One person said, "I know about my Care Plan, but my daughter deals with all that." The care plans we viewed had been signed by the person or a relative. People also told us that staff asked for their consent prior to delivering any care, unless they were happy for staff not to do so. One person said, "The carers used to ask before they did anything, but they have been coming a long time now and they just get on with it."

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. We checked whether the service was working within the principles of the MCA. The registered manager told us that people who used the service had the capacity to make their own decisions. Procedures were in place to assess people's capacity to make a particular decision should

this be required.

Staff had received recent training in understanding the MCA. However, the staff we spoke with had a mixed understanding of the MCA and how it may affect the care they provided to people. We discussed this with the registered manager who told us they would hold discussions about the MCA in staff meetings and supervision. Staff could describe how they would support a person who may require some help to make their own decisions.

People were provided with the required support from staff to prepare their meals and to encourage them to eat and drink enough. One person commented, ""The carers are always asking me if I have been drinking enough fluid. [My relative] is on at me all the time too, but I know it's for my own good." Another person told us, "They are always asking me what I have been drinking."

Staff had access to information about people's food preferences and dietary requirements and told us they were informed of any changes. For example, one person had been assessed as being at risk of choking on their food. Staff described how they cut food into small pieces for the person and ensured that they person had a drink whilst eating. Staff also told us that, where required, they encouraged people who appeared to have a reduced appetite. For example, one staff member said, "I ask people if they want something to eat, if someone doesn't eat so well we present the food in different ways to encourage them." Staff also told us that they put drinks beside people before leaving so they had access to sufficient fluids between visits.

People's care plans contained clear guidance about meal preparation and how to support people with meals. The required level of support was agreed with people during the initial assessment of their needs. The staff we spoke with told us that they were provided with this information before going to care for somebody for the first time.

Staff were not always responsible for supporting people to access healthcare services, however we saw that staff were vigilant and picked up on any changes in people's health. One person said, "My carer takes me shopping and sometimes to the GP if I have an appointment. I would have trouble getting there on my own." Another person told us, "I had not been out of bed for two and a half years but the district nurse that started coming assessed me, organised a hoist and now I am out of bed 3-4 hours a day and feel much better."

People's care plans provided information to staff about how to manage their health needs and also demonstrated that staff had worked with health professionals. Staff described how they were able to spot changes in people's behaviour and linked this to changes in their health. For example, one member of staff told us they had recognised that someone appeared to not be their usual self. The member of staff worked with the person's relatives to get them seen by their GP which then resulted in a hospital admission.

Where people were at risk of developing a pressure ulcer or had developed an ulcer there was clear guidance for staff in care plans. Staff were also able to describe the support that they gave to people with pressure area care needs. Where people needed support to change position this was clearly recorded in the daily records. There was evidence to show that the provider was working closely with the district nurse to manage the person's pressure area care.

Good

Is the service caring?

Our findings

The people we spoke with were generally complimentary about care staff and the relationships they had with them. One person said, "Most of the Carers are lovely and they chat away to me as they are working. Some have become like friends." Another person told us, ""All the staff that have come to me have been really nice. Some are chattier than others, but they wouldn't be doing the job if they didn't like it would they?" We were also told, "My carer knows exactly how I like my house. They look round when they get here, work out what needs doing and just get on with it. I really like the service. I would miss them if they left though." Another person said, "Some staff are better suited to the job than others. Most are very nice, but I do tell them if I can't stand any and they don't send them again."

The registered manager told us that when someone new started using the service they always tried to do the first visit with a family member or friend present in order to put the person at ease and get to know them better. The provider had developed a system to ensure that people using the service had regular care staff but that also ensured that people did not become dependent on one member of staff. Staff worked in groups of four to provide support and cover. Staff told us they appreciated this consistency and found it helped them build relationships with people, although it was not always possible to maintain this.

The staff we spoke with told us they enjoyed working at the service and valued the relationships they had built up with people. One member of staff talked about how they had spent time getting to know a person they cared for and had gained an understanding of what was important to them. They described using a photograph of someone who was important to the person to start conversations and put the person at ease. We were also told that, where possible, staff visited people they shared a mutual interest with. One staff member was in the process of arranging to take the person to an event at the weekend in their own time.

People and, if appropriate, their relatives were involved in making decisions and planning their own care. One person said, "I did get involved in my care plan when they first started coming, but I don't remember being asked about it since. They just get on with it and most of the time its ok." People had a copy of their care plan in their home and these were reviewed with people on a regular basis. People also confirmed that staff respected any choices they made whilst providing their care.

Staff involved people in day to day decisions relating to their care and gave people choices. For example, we were told that people were offered choices such as whether they wanted to carry out their own personal care and what clothes they wanted to wear. The care plans we looked at confirmed that people and their relatives were involved in deciding what care they wanted and at what time. Where people had requested changes to be made to their care package, such as changes to the times staff visited, these were implemented. The staff we spoke with told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "I can honestly say that they all – male or female – are very tactful when it comes to the washing thing. I would rather not have someone else washing me, but they make it as nice as they possibly can and chat all the

time." Another person said, "The carers usually know if I am feeling down and try to cheer me up."

Staff spoke clearly and confidently about how they preserved people's privacy and dignity. Staff told us about ensuring that people were covered when supporting someone with personal care and closing curtains and doors as necessary. We also saw information in care plans which promoted people's privacy and dignity.

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. For example, one member of staff told us that they would ask people if they wanted to wash themselves and would only assist if required. The registered manager told us that staff were made aware of advocacy services and that they would signpost people to these if needed. Advocates are trained professionals who support, enable and empower people to speak up. Nobody was using an advocate at the time of our inspection.

Good

Is the service responsive?

Our findings

The majority of the people we spoke with told us they received the care and support they needed and that the service was responsive to their needs. One person said, ""My carer just gets on with what needs to be done. I couldn't be doing with someone who is always asking what I want them to do each time. They are a godsend." Another person commented, "I appreciate what they do for me." We were also told, "I know I would only have to ask my carer to do something for me and (carer) would drop what they were doing and help. (Carer) is lovely." People also said that staff kept accurate records about the care they provided on each visit. One person told us, "I have read what they have written and it just says what they did that day. It was right too."

Before people starting using the service the amount and length of calls they needed was agreed. The registered manager made efforts to schedule each call at the time the person had requested whilst also giving staff a realistic timetable. A new system had recently been introduced to ensure that staff attendance and punctuality was monitored. Action was taken if a member of staff was running late by contacting the member of staff and the person using the service. The registered manager told us they tried to allocate staff to work in the same geographical area where possible to reduce the amount of travelling they had to do. Records confirmed that staff punctuality was generally acceptable and that there had been no missed calls.

The staff we spoke with told us they were provided with clear guidance about people's care needs and found care plans to be useful. Staff could clearly describe people's needs and demonstrated how they had changed over time. There was an effective system in place to inform staff should there have been a change to the care and support a person received. One member of staff told us, "We do get time to read care plans and I find them useful. We also read through any other updates that are given to us, such as feedback from their day at a day centre." Staff also made efforts to understand people's hobbies and interests. One person told us, "My carer and I are always chatting about gardening. (Carer) has taken some cuttings from the garden and then shows me photo's when things have grown." A member of staff told us about interests they shared with some of the people they supported and how they talked to people about these during their visits.

People had care plans which contained information about their care needs and the agreed hours of support required each week. These were reviewed on a regular basis and changes and additions were made when required. Staff told us they would provide feedback to their manager should they feel a person's needs had changed and felt their comments were acted upon in a timely manner.

People were provided with the contact details of the office staff as well as information about how to make a complaint. People were regularly reminded of their right to make a complaint during reviews of their care. There was an 'out of hours' cover system to ensure that any urgent matters could be responded to even when the office was closed. This duty was shared between the office staff who could access the computer system to better enable them to respond to any problems.

There had not been any formal complaints made about the service in the past 12 months. The registered

manager told us they would take any complaints seriously and use them as an opportunity to improve the service. We saw that action had been taken in response to any comments that people had made about the service. For example, there had been a review of the way in which training was delivered to care staff to enable them to better understand the experiences of people receiving care.

Good

Is the service well-led?

Our findings

The people we spoke with told us they felt comfortable speaking with a member of staff or the registered manager. We received mixed feedback about the response people received when they contacted the office. One person said, "Oh I am not afraid to say my piece. After all I am paying for the service." Another person commented, "[My relative] has rung and changed the time because [my relative] was taking me out to an appointment. They still turned up though." We were also told by a relative, "I have rung and cancelled [my relative's] lunch call before when they decided they wanted to go out for lunch and was well enough to do so. There was no problem." Another person commented, "It all seems to work quite well really. Lots of people needing to be in lots of places. I couldn't do it."

The staff we spoke with told us there was an open and honest culture in the service. Staff felt able to raise issues, make suggestions and told us they would feel able to report any mistakes. The registered manager told us they operated an 'open door policy' and usually saw all staff at least once a week. One the day of our inspection we saw two staff members who clearly had a very good relationships with the management team.

Staff meetings were held periodically and we saw minutes of these meetings. Staff talked positively about the value of staff meetings and we observed that these meetings had been used to share information and to discuss and resolve issues within the staff team. The management team at Krystal Care Limited were open to change and development and encouraged feedback from the staff team. The provider had developed a survey for staff about their expectations of the management team – we saw that information from this had been analysed and had been discussed and shared at a team meeting. Staff told us that compliments were shared with them in supervision or team meetings. This meant that staff felt valued for the work that they did.

The service had a registered manager and they understood their responsibilities. The majority of the people we spoke with felt that the service was well-led and organised. One person said, "Nothing they do that could be done any better. All things considered, they do very well." The management team talked about their passion for providing good quality care and spoke of the importance of managers being involved in delivering care. We saw that each member of the management team also worked shifts providing care and this enabled them to keep in touch with people and staff.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Staff told us they could contact the registered manager or any other member of the management team if they needed to. Sufficient resources were provided to maintain the quality of the service. For example, the registered manager ensured that staff always had access to sufficient personal protective equipment.

The provider had recently introduced a performance monitoring and staff rewards scheme. The idea was to encourage staff to 'go the extra mile' and provided a reward for staff who demonstrated the values and ethos of Krystal Care Limited. This scheme had also highlighted patterns and trends in staff performance

and highlighted where there may be issues that need addressing.

Providers are required by law to notify us of certain events in the service. Although we had not received any notifications, the registered manager was aware of the circumstances when a notification would be required.

People were asked to provide their feedback about the quality of the service and their comments were taken seriously and acted upon. One person said, ""They do ring sometimes and ask if everything is ok. I have had them call to check on a new carer because their timekeeping wasn't good and they got me to fill out a questionnaire while they were here." Another person told us, "I have seen people from the office occasionally. They check I am happy and then get me to fill out a questionnaire. I don't have good eyesight, so they do it for me."

Satisfaction surveys had been sent out to people and we saw that many had been returned. These showed that there was generally a high level of satisfaction with the service. Issues had been raised regarding staff punctuality and communication with the office and these had been responded to and acted upon. Members of the management team also made regular phone calls to people to check if they were satisfied with the service and if any changes were required.

The quality of the service people received was regularly assessed and monitored. For example, the daily care records that staff completed were checked for any issues when they were returned to the office. This identified where improvements were required either to the practice of individual staff or across the service as a whole. In response to the issues we raised about staff recruitment, the registered manager immediately implemented a new auditing system for checking of staff files. This involved members of the management team cross checking each other's work in order to identify any errors or shortfalls.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure that persons employed were of good character. The information specified in Schedule 3 was not available for all persons employed.