

Mr & Mrs Ryan Godwin

Crisis North

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Crisis North is a domiciliary care service providing personal care. The service provides short-term support to assess people's needs to prevent hospital admissions, discharge people from hospital or following crisis situations. The service provides support to people with a range of needs, at the time of our inspection, they were mostly supporting older people, people with physical disabilities and people with mental health needs. The service works across North and West Lancashire. At the time of our inspection there were 44 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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 felt safe with the support they received from care staff. Staff had received training in safeguarding and knew how to respond to manage risks to people. People received their medicines as prescribed. Improvements were needed to medicines systems to support their safe use.

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.

Staff and people worked together to assess and plan people's care and support. People's care records were not always detailed and did not always reflect people's involvement. We made a recommendation about this. People were supported by staff who had training to support them. We made a recommendation about staff training.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Feedback from people and their relatives consistently demonstrate staff had a kind, caring approach to providing their support. People felt their needs were understood by staff, who encouraged them to gain confidence and independence.

People's care was designed to help them achieve their aims and goals. People and their relatives had opportunities to provide feedback on the service.

The provider had quality assurance systems in place and had identified some areas for improvement. These systems were not fully developed or embedded to support the delivery of high-quality care. We have made a

recommendation about this.

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

Rating at last inspection

This service was registered with us on 10 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made recommendations about people's care and support records and their access to these, staff training and the provider's quality assurance systems.

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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Crisis North

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 2 Experts by Experience, who supported the inspection remotely by speaking to people that used the service and their relatives. 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

Crisis North is a domiciliary care agency. It provides personal care to people living in 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 were 2 registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 June and ended on 17 August 2023. We visited the location's office on 23 June 2023.

What we did before the inspection

We reviewed information we had received about the service since registering. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 12 relatives about their experiences of the care provided. We spoke with 12 members of staff including the registered managers, nominated individual, office staff and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from 3 social care professionals who regularly worked with the service.

We reviewed a range of records. This included 5 people's care records and multiple medicines records. We look at 4 staff files in relation to staff recruitment and supervision. A variety of records relating to the management of the service, including quality assurance documents, training information and a sample of the provider's policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- Staff carried out safeguarding training to help them know how to identify any potential signs a person may be experiencing abuse. Staff understood the importance of sharing any concerns with office staff for these to be escalated and felt confident to do this.

Preventing and controlling infection

- The provider identified and managed risks associated with infections appropriately.
- Staff had received training in infection prevention and control to keep people safe.
- Most people and relatives we spoke with told us staff used PPE when they were providing care. One person told us, "I seem to remember the carers do change their gloves after helping me shower."

Assessing risk, safety monitoring and management

- People felt safe with staff. One person told us, "I felt perfectly safe with them."
- Staff gave people information about risks to their safety and supported them to make choices to have control and be independent.
- Staff were proactive in managing risks to people when new risks and safety issues were identified.
- Information about risks and safety was not always comprehensive or up to date. Risk assessments did not always identify risks to people or how they were being managed. For example, risks linked to falls and diabetes.

Staffing and recruitment

- People were supported by safely recruited staff. Appropriate recruitment checks were completed to help ensure suitable staff were employed.
- There were enough staff to safely support people and meet their needs.
- Staff had sufficient time during care visits to support people. One relative said, "I never got a sense [person] was being rushed."
- People's care visits took place within blocks of time rather than set times. People told us there were issues with this arrangement and there were not always sufficient gaps between care visits. One person said, "'The carers can arrive anytime between 7am and 11am, but that is a very big-time difference and I have to stay in bed until they come.'" The provide was aware of these concerns and was exploring ways to address this.

Using medicines safely

- People received their medicines as prescribed, although medicines systems did not always support the

safe use of medicines.

- Medicines audits were not always robust. For example, they did not always sample enough Medicines Administration Records (MARs) for the size of the service and had not always identified issues with MARs.
- Staff were able to identify and describe the processes they would follow if medicines errors were identified. However, medicines errors were not always recorded in 1 place to enable these to be analysed by the provider.
- The registered manager told us a senior care worker would be overseeing medicines to improve oversight of medicines practices.
- People's medicines support arrangements and needs were identified prior to them receiving support. People were supported to manage their medicines independently where possible.
- Staff had received medicines training and had their competencies in this area assessed.

Learning lessons when things go wrong

- Learning from audits was shared with the staff team to improve practice.
- The registered managers had identified a low reporting of accidents and incidents. To address this, they had introduced new systems to ensure these were highlighted to them and recorded. These systems were still being embedded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service was set up to assess people's care needs to identify any support needed and plan their future care arrangements.
- People and staff described working together to assess their needs and options for supporting them. One person said, "[Staff] talk to me and make things easier for me with their ideas."
- People's care records did not always show how people were involved in their assessments or designing their care. The registered manager told us they would review how this was recorded.
- People's care needs were not always recorded in detail in their care plans. People did not have access to these records.

We recommend that the provider review how people's care and support needs are recorded and how people can access their records.

Staff support: induction, training, skills and experience

- Staff completed a range of training to equip them with the knowledge and skills to provide effective care.
- All the staff we spoke with spoke positively about the training and induction support they had received to help them familiarise themselves with the role and provider's ways of working. One person told us, "The carers seem trained well enough for the job."
- Spot checks were carried out by senior care workers to monitor staff practice and help make sure people received appropriate care and support.
- Staff received regularly supervision from managers to support them in carrying out their roles.
- The provider had identified improvements were needed to staff appraisals. They had started to take action to ensure staff received appraisals routinely and improve their effectiveness in supporting staff professional development.
- We identified some gaps in staff training were noted. For example, staff had not always received training in learning disabilities and autism, which the service specialised in. The registered manager told us they would review staff training records and address this.

We recommend that the provider ensures staff receive up to date training in-line with the service's specialisms.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough. People described staff checking on their food and drink intake. One person told us, "Some staff did ask if I was drinking enough because of the heat."

- People were supported to have choice over their food and drink. Staff took time to understand their preferences. One member of staff said, "If we find they like tea with sugar or black tea we note this, small things make people happy."
- Staff were aware of any specific dietary requirements people had.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider was committed to working collaboratively and efficiently with other organisations to provide joined up care in order to support people.
- Staff were proactive in identifying where people may benefit from support from other organisations and signposted or referred people for these services. For example, assistance with shopping or equipment to assist them at home.
- Information was shared and communicated effectively within the staff team. This helped ensure people received continuity of care and support. One social care professional told us, "I have seen mutual respect from management to staff and vice versa, with good communication and a general feel of working together to ensure the person's needs are at the centre of the care provided".
- Staff understood people's health needs. Timely action was taken to address any concerns about people's health and wellbeing.
- Feedback from social care professionals that worked alongside the provider was consistently positive about the support the service offered and their working relationships. One social care professional said, "They always go above and beyond to help the safe discharge home for people, giving regular updates, queries and concerns they have."

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 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.

- Although staff sought consent from people prior to providing their care, people's consent was not being recorded. The provider took immediate action to address this during the inspection. One person told us, "The carers do ask permission to help me."
- Staff worked in-line with the MCA and assumed people had capacity to make decisions for themselves.
- Where staff identified queries around people's capacity, they shared this with the local authority to explore this further.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- All the people we spoke with gave positive feedback of the kind and caring support they received from staff. One person said, "They are really good and understand what I need. Thanks to them I can start my day in a good mood."
- People's equality and diversity needs were understood and respected by staff. For example, staff referred to people using their preferred pronouns.
- Staff treated people with respect. Comments from relatives included, "The care staff are very respectful and seem to understand [person] can have bad days" and "The carers are very good with [person] and I never heard raised voices and always felt [person] was treated with dignity and respect."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support.
- Staff understood when people and their relatives wanted from their care. One person said, "I have some exercises to do and the carers will watch over me when I do them as I am frightened of falling."
- Staff, including registered managers understood the role of advocates. Staff made referrals to other professionals where they identified people may benefit from this support to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- The service's goal was to promote people's independence and enable them to go return home with support. Staff understood this aim and were focused on maximising people's independence. One care worker said, "For people who have not had care before, we are a lifeline to get them back on their feet."
- Staff were able to describe how they protected people's privacy and dignity during their support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care and support was designed to fit with their goals and abilities.
- People were supported to have choice and control. One person said, "Staff listen to what I need and come up with suggestions. It feels like it's me doing what I want."
- Staff worked with people and their relatives to promote their independence. For example, one relative described how staff helped them to become confident with managing a family member's continence care.
- The service was flexible and adapted to people's needs rapidly. Staff reviewed and adapted people's care and support to meet their needs. One person said, "I would recommend the carers. They found their way and made me realise I can manage with more than I thought I could. Support makes all the difference."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood by staff.
- The provider was able to provide written correspondence in alternative formats if needed.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support.
- People had the opportunity to provide feedback through various formats. The provider shared information about their complaints and feedback processes with people when they started receiving care and support from the service.

End of life care and support

- The service did not offer planned support to people requiring end of life care. At the time of our inspection no-one was receiving support for end of life care.
- The provider had well-established links to other health and social care organisations to help support people at this life stage if needed.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. The provider's systems did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems were not always in place or embedded to ensure quality was monitored across all aspects of the service.
- The provider's quality assurance systems had not always identified issues we found during this inspection, including with medicines, consent and staff training.
- Although the provider had identified areas for improvement, systems had yet to be established and embedded to address these and ensure changes were sustained.

We recommend that the provider reviews and develops their quality assurance systems.

- The provider had a learning culture. The registered managers welcomed feedback and reflected on changes needed at the service to support the delivery of high-quality care. One staff member told us, "We really strive to make the service better for people."

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

- The provider's policies did not always refer to guidance or best practice.
- We were not assured all relevant incidents were being identified and reported to CQC. The provider told us they had identified this shortfall and had started to introduce new practices to address this. These practices had yet to be embedded.
- The provider had systems and processes in place to monitor staff performance and address this if issues were identified.
- All the staff we spoke with praised the support they received from managers. One care worker said, "They are brilliant, if we have problems or issues we can always contact them."

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

- People and their relatives did not always understand the set up of the service, including care visits taking place within blocks of time. The registered manager told us they were working with partner organisations to explain the service and would review the information leaflets they gave to people.
- People and their relatives were engaged in the service and providing feedback. The provider was developing their systems for gathering feedback to ensure all feedback was being captured and could be used to inform improvements in the service.

- Staff had opportunities to make give their views and raise any concerns about the service. These were listened to by the provider and used to shape the service.

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

- The provider had clear values of providing people with caring, respectful support with staff having a positive attitude and effective communication. One social care professional said, "The service has strong leadership with a clear ethos on promoting person-centred care."
- The provider worked to ensure their values were understood by staff and reflected in people's experiences of their care. One care worker told us, "I treat people the same way I treat my Mum, it's the way I'd want to be treated myself."

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

- Registered managers understood the importance of being open and honest with people if things went wrong.

Working in partnership with others

- The provider had strong working relationships with partner organisations. One social care professional said, "I find them an excellent provider to work with where we are able to have open, honest and transparent conversations."
- The registered managers had regular meetings with the local authority and health organisations to look at how the service was operating and any changes needed.
- Joint working between the provider and other organisations helped support improvements across the wider health and social care system.