

Crest Care Services Ltd

# Crest Care Services Ltd

## Inspection report

18 Glenfield Road  
Ashford  
Middlesex  
TW15 1JL

Tel: 01784557260

Date of inspection visit:  
13 April 2018

Date of publication:  
01 July 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

The inspection took place on 13 April 2018 and was announced.

Crest Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults, some of whom may be living with dementia, and younger disabled adults. There were 31 people using the agency at the time of our inspection and ten staff were employed to provide their care. Most of the people who used the service were older people but some were younger adults.

There was a registered manager in place at the time of our inspection who was also the agency's owner. 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.

At the last inspection of the service on 1 December 2016 the provider was breaching three regulations of the Health and Social Care Act 2008. The provider had not informed CQC or the local authority when an allegation of abuse was made. The provider had failed to ensure that staff had completed appropriate training for the work they performed. The provider had not established systems to assess, monitor and improve the quality of the service.

Following our last inspection the registered manager sent us an action plan setting out how they planned to address the concerns identified.

At this inspection we found that not all the actions the registered manager said they would take to improve had been implemented. For example the action plan stated that spot checks on staff would be increased to ensure that the care people received was safe and effective. We found at this inspection that spot checks had not been carried out as the action plan said they would.

We also identified concerns in relation to the safety and effectiveness of the service. The registered manager had not ensured that all relevant checks had been carried out on staff before they provided people's care. Staff attended online medicines training but the registered manager was unable to demonstrate that their competency had been properly assessed before they began to administer medicines. The registered manager told us that medicines audits were completed each month but there was no evidence that a medicines audit had been carried out since May 2017.

Staff did not have sufficient opportunities to discuss their performance or their training and development needs. The Provider Information Return (PIR) returned by the registered manager stated that staff had regular supervisions but we found this not to be the case. All the recorded supervisions had been carried out by the assistant manager, who left the agency in July 2017, or the care co-ordinator, who left the agency in

December 2017. The registered manager told us they had not carried out any supervisions themselves and staff feedback indicated that they did not receive regular supervision.

Although each person had a care plan, we found that these had not been reviewed often enough to ensure they accurately reflected people's needs. The registered manager stated in the PIR that people's care plans were regularly reviewed but there was no evidence to support this statement. Staff had no travelling time between their scheduled care visits which meant people's care visits were sometimes delayed.

Since the resignations of the agency's assistant manager and care co-ordinator the registered manager had assumed sole responsibility for the management of the agency. Some people told us this had negatively affected their experience with the agency. They said the registered manager was not always helpful when they wished to discuss issues with them. Some people told us they could not always get a response from the office when they needed to and that messages were not always returned.

Staff told us that they were often unable to contact the registered manager if they needed support or advice, especially out-of-hours. The registered manager had not arranged any team meetings to give staff the chance to discuss any issues they felt important despite this being recommended by the local authority in October 2017. Some staff told us the registered manager did not listen or consider their views when they raised concerns.

The registered manager had failed to implement a quality monitoring system to ensure the agency functioned safely and effectively. The registered manager told us that since the departure of the assistant manager and care co-ordinator they were responsible for monitoring the quality and safety of the service, including spot checks, supervisions and audits of medicines and care records. However the registered manager had not carried out any spot checks, supervisions or audits since the assistant manager and care co-ordinator had left.

We found that action had been taken to address the other concerns identified at our last inspection. Any allegations of abuse or poor practice had been reported to the local authority and CQC. The registered manager had co-operated with the local authority in investigating allegations where required. Staff had attended safeguarding training and understood their responsibilities in keeping people safe from abuse.

Risk assessments had been carried out by the assistant manager to ensure people's care was provided in a safe way. Guidance had been made available to staff about how to minimise any risks involved in people's care. The agency had a contingency plan to ensure that people would continue to receive care in the event of an emergency. People were protected from the risk of infection because staff helped keep their homes clean and followed appropriate infection control procedures.

People's needs had been assessed by the assistant manager to ensure the agency could provide the care they needed. People told us that staff asked for their consent before providing their care and people or their representatives had signed their consent to their care. People who received support from staff with meals were happy with this aspect of their care. The agency worked with people's families and healthcare professionals to ensure their healthcare needs were met.

People and relatives provided positive feedback about their care workers who visited them. They said staff were kind and that they had established good relationships with them. People told us that staff treated them with respect and supported them to be independent where they wished to be. People said the agency was willing to be flexible and to change their visit times if they requested this.

The agency had a written complaints procedure which was given to people and their relatives when they began to use the service. Three complaints had been made in the previous 12 months and all had been responded to by the registered manager. None of the people we spoke with had any outstanding complaints and all said they would feel able to raise concerns if necessary.

During our inspection we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Recruitment procedures did not always adequately protect people from the risk of harm.

The registered manager had not taken all reasonable steps to ensure that people's medicines were being managed safely.

Staff attended training in safeguarding and understood their responsibilities in protecting people from harm.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were safe.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Staff did not have opportunities to discuss their performance or their training and development needs.

People's needs had been assessed before they began to use the service.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People who received support with meals were happy with this aspect of their care.

Staff responded appropriately if people became unwell.

### Is the service caring?

**Requires Improvement** 

The service was not always caring.

People were supported by kind staff but shortfalls in the management of the agency meant the service people received

was not always caring.

Staff respected people's choices and treated them with respect.

Staff supported people in a way that promoted their independence.

### **Is the service responsive?**

The service was not always responsive to people's needs.

Care plans were not reviewed regularly enough to ensure they reflected people's needs.

Staff had no travelling time between their scheduled visits which meant people's care was sometimes delayed.

People told us the agency was willing to provide the service they needed.

There were appropriate procedures for managing complaints.

**Requires Improvement** 

### **Is the service well-led?**

The service was not well-led.

The registered manager had failed to implement an effective system to monitor the quality and safety of the service.

The care provided by staff was not monitored through spot checks.

People and staff were not always able to contact the registered manager when they needed to.

Some people said registered manager had been unhelpful when they wished to discuss issues with them.

Some staff said they were not adequately supported by the registered manager.

Staff were not given opportunities to discuss important issues or raise concerns at team meetings.

**Inadequate** 

# Crest Care Services Ltd

## 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 was 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 agency's office on 13 April 2018 to speak with the registered manager and check records. The registered manager had three weeks notice of our visit because they had asked to postpone a previously arranged inspection. We announced our visit because we wanted to ensure the registered manager was available to support the inspection process. One inspector carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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 sent questionnaires to people who used the service, relatives and staff to ask for feedback about the service. We received responses from 11 people who used the service, three relatives and four staff.

During our visit to the agency's office we spoke with the registered manager about how the agency was run. We checked care records for three people, including their assessments, care plans and risk assessments. We checked three staff files, records of staff training, supervision and spot checks, staff meeting minutes, the complaints log and quality monitoring checks.

After the inspection we spoke with eight people who used the service and seven relatives to hear their views about the care they received. We contacted the care staff employed by the agency for feedback about the induction, training and support they received. We received responses from eight staff, two of whom had recently left the agency.



# Is the service safe?

## Our findings

The agency's recruitment procedures did not adequately protect people from the risk of harm. The records we checked provided evidence that the registered manager had obtained proof of address, proof of identity and a Disclosure and Barring Service (DBS) certificate for staff. DBS certificates help providers ensure that staff are suitable for work supporting people who use care services. However one member of staff who started work for the agency in October 2016 had a DBS certificate issued on 14 November 2017, which indicated that the member of staff had worked for the agency for a year before confirmation of their suitability for work had been received by the registered manager. We asked the registered manager whether this member of staff had provided people's care prior to the DBS certificate being issued. The registered manager responded, "Quite probably, yes."

We also found that the registered manager had not obtained sufficient evidence of good conduct in their previous employment for all staff. One member of staff's application form provided the names of two referees, one of whom was their husband. Another member of staff's file included the name of a friend as their second referee. We discussed this with the registered manager, who acknowledged that friends and relatives were not appropriate people to provide impartial feedback about a potential employee's suitability for a role.

Failure to operate effective recruitment procedures is a breach of regulation 19 of the Health and Social Care Act 2008.

There was a risk that people would not receive their medicines correctly as the registered manager had not implemented measures to ensure medicines management was safe.

The registered manager told us that staff recorded the medicines they administered to people and kept these records in people's homes. The registered manager said medicines administration records were returned to the office for auditing each month to ensure medicines were being managed safely. We asked to see evidence of monthly medicines audits. The most recent medicines audit in the records provided to us by the registered manager had been carried out by the assistant manager on 24 May 2017. The registered manager was unable to demonstrate they had carried out any medicines audits since then. This presented a risk that any errors in the administration or recording of people's medicines would not be identified or addressed.

There was a risk that staff would not manage medicines safely as the registered manager had not implemented appropriate measures to assess their competence. The registered manager told us that they observed staff competency in medicines management before authorising them to administer people's medicines. However the registered manager was not appropriately qualified to assess staff competence as they had not attended medicines management training themselves. We asked to see evidence of the competency assessments the registered manager had carried out but the registered manager told us these were not recorded.



Failure to ensure the proper and safe management of medicines is a breach of regulation 12 of the Health and Social Care Act 2008.

At the last inspection we found the registered manager had not acted appropriately when safeguarding concerns were raised. The registered manager had not notified CQC or the local safeguarding team when an allegation of abuse was made by a person who used the service.

At this inspection we found action had been taken to protect people from potential abuse. The registered manager and staff had attended further safeguarding training and any allegations about poor practice had been notified to CQC and the local safeguarding team. When requested to do so by the safeguarding team, the registered manager had investigated the concerns raised and provided a report of their investigation.

People reported that they felt safe from abuse when staff supported them and their relatives confirmed this. One person told us, "They are very careful when they help me. They make sure I am comfortable and safe." Another person said, "They make sure I'm safe when I have my shower." All the 11 people who returned questionnaires to CQC said they felt safe from abuse or harm when they received care from staff. All three relatives who returned questionnaires confirmed they believed their family members were safe from harm. All four of the staff who returned questionnaires confirmed they knew what to do if they suspected a person they supported was being abused or was at risk of harm.

There were enough staff employed to meet the agency's care commitments. The people we spoke with told us their care workers had not missed any calls in the last six months. The relatives who provided feedback said that although staff were sometimes late, their family members had not experienced any missed calls. The registered manager had not implemented a system to monitor the arrival and departure times of staff at each visit. The registered manager told us that staff recorded the times they arrived and left each visit in each person's daily care log. This meant the registered manager would not be aware if a member of staff had failed to arrive for a care call, which potentially put people at risk.

We recommend that the registered manager implement an effective call monitoring system.

The agency had a contingency plan to ensure that people would continue to receive care in the event of an emergency, such as adverse weather affecting staff travel. The registered manager told us they had identified which people would be most at risk if they failed to receive their care visit and had prioritised the provision of care to these people should an emergency occur. Although the registered manager had considered people's individual needs when compiling the contingency plan, there was a risk that the plan would not be effective as some people told us they could not always contact the office when they needed to.

We recommend that the registered manager review the contingency plan to ensure it would be effective if required.

Staff helped protect people from the risk of infection by following appropriate infection control procedures. People told us staff helped them keep their homes clean and hygienic. Ten of the 11 people who returned questionnaires to CQC reported that their care workers did all they could to prevent and control infection in their homes. Relatives confirmed that staff supported their family members to maintain the hygiene of their homes. All the relatives who returned questionnaires confirmed that staff did all they could to prevent and control infection, for example, by using hand gloves, gel and aprons. The staff we spoke with understood their responsibilities in terms of infection control. They said they had attended infection control training and confirmed that they used gloves and aprons when providing people's care.

Risk assessments had been carried out by the assistant manager when people began to use the service to ensure that their care was provided in a safe way. Guidance had been produced for staff about how to minimise any risks involved in providing people's care. Any incidents or accidents that occurred were recorded and actions to minimise the likelihood of a recurrence recorded. When incidents had occurred, action had been taken to keep people safe. For example one person had their medicines delivered by the pharmacy but their family reported that the person often hid their medicines or did not take them as prescribed. With agreement from the person and their family, staff collected their medicines, stored them securely and administered them to the person in line with their prescription. We checked the accident/incident log and found that the last recorded incident occurred in July 2017. A member of staff had supported a person to prevent them from falling when they became unsteady on their feet. The registered manager told us that an occupational therapist had visited the person following the incident to assess their needs. The registered manager said there had been no accidents or incidents since this time.

# Is the service effective?

## Our findings

Staff did not have sufficient opportunities to discuss their performance or their training and development needs with the registered manager. The PIR completed by the registered manager stated, "We give regular supervisions to the staff regarding best possible practice in care." The agency's Service User Guide stated, "Each member of our care staff have their own programme of training and professional development and are supported by our local and senior managers through regular staff supervision and appraisals to improve their skills and knowledge." However we found no evidence to support these statements.

Staff told us they had previously had one-to-one supervisions with the assistant manager or care co-ordinator but that they had received no formal supervision since these staff had left. One member of staff said, "When the assistant manager took on a full time role supervisions were done on a fairly regular basis but before that none were given." Another member of staff told us, "[Care co-ordinator] was doing the supervisions. There hasn't been a supervisor since she left." A third member of staff said, "With supervision I think I had one supervision the whole time I work for Crest Care in 14 months." A fourth member of staff who returned feedback reported, "I have never had supervision." None of the staff who returned feedback had had an annual appraisal since joining the agency.

The staff files we checked confirmed that supervisions were not being carried out often enough to ensure staff had the support they needed to perform their roles effectively. One member of staff who started work in December 2015 had two recorded supervisions, one in October 2016 and one in March 2017. A second member of staff who started work in October 2016 had no recorded supervisions. A third member of staff who started work in January 2017 had one recorded supervision in October 2017. All the recorded supervisions had been carried out by either the assistant manager or the care co-ordinator. The registered manager confirmed they had not carried out any supervision sessions or annual appraisals with staff.

The registered manager told us that staff were expected to complete the Care Certificate. The Care Certificate is a set of national standards that health and social care staff should demonstrate in their daily working lives. The registered manager said that they awarded staff the Care Certificate when they had completed each element of the training required to achieve it and demonstrated their competence in these areas. However we found evidence that staff knowledge and competency was not always effectively assessed before they were awarded the Certificate. For example one member of staff's file showed that their interview for employment took place on 5 December 2015. The registered manager had signed off the member of staff's Care Certificate on 10 December 2015. We asked the registered manager how the member of staff had attended all the necessary training for the Certificate and demonstrated their competence in these areas within five days of their initial interview. The registered manager said, "I don't know, it was a long time ago."

Failure to provide staff with appropriate support, professional development, supervision and appraisal to enable them to carry out their duties is a breach of regulation 18 of the Health and Social Care Act 2008.

At our last inspection we found the registered manager had not always ensured that staff had the training

they needed to deliver care effectively. Staff who had worked for other care agencies told us they had completed training with these agencies but had not attended training since joining Crest Care Services. These staff told us they had not been required to provide evidence that they had completed training as the registered manager had accepted their statement that they had completed the training and had not asked them to provide certificates. At this inspection the registered manager told us that they no longer accepted confirmation from staff that they had attended relevant training. The registered manager said, "We don't do that any more. We treat them as if they haven't had any training at all." Records demonstrated that the registered manager had arranged for staff to attend training through an online training provider. This training included safeguarding, fire safety, medicines management, infection control and the Mental Capacity Act 2005.

People's needs had been assessed by the assistant manager before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. People and their relatives told us the assistant manager had been thorough in carrying out their assessments and keen to understand their preferences about their care. The registered manager told us they had not carried out any assessments or taken on any new packages of care since the assistant manager left.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in line with the MCA. Staff had attended training in the MCA although the registered manager told us they had not attended this training. People told us that staff asked for their consent before providing their care on a day-to-day basis. People, or their representatives where appropriate, had signed their consent to their care plans. The registered manager told us they would seek advice from the local authority should people's mental capacity need to be assessed. The registered manager said that if people were assessed as lacking capacity, the local authority would arrange best interests meetings to discuss decisions about their care with the person's family and relevant professionals.

People who received support from staff with meals were happy with this aspect of their care. They said staff knew their preferences about their meals and prepared them to their satisfaction.

People's nutritional needs had been assessed during their initial assessment and any dietary needs recorded in their care plans. The registered manager told us that none of the people currently using the agency required texture-modified diets or used enteral feeding (PEG) tubes.

The agency worked with people's families and healthcare professionals to ensure their healthcare needs were met. Relatives told us staff supported their family members to maintain good health and kept them informed if their family members appeared unwell. They said staff had stayed with their relatives if they had become unwell during a care visit, including if they required medical assistance.

# Is the service caring?

## Our findings

Although individual staff were kind, the shortfalls we identified in the management of the agency meant the service people received was not always caring. For example people's care plans were not reviewed often enough to ensure they reflected their needs and a lack of travelling time between visits meant people's care was sometimes delayed.

The feedback we received about individual care staff was positive. People told us the staff who provided their care were kind and courteous. They said they got on well with their allocated care workers and enjoyed their company. One person told us, "The carers are very good, I get on very well with them. They are very kind. I'd miss them terribly if I didn't have them." Another person said, "I am quite happy with them. They are all very nice." Two other people described their care workers as "Lovely" and "Very caring and kind." All the people who returned questionnaires answered 'Yes' to the statement, 'My care and support workers are caring and kind.'

Relatives confirmed that their family members received their care from helpful and considerate staff. They told us staff had established positive relationships with their family members. One relative said of their family member's care workers, "They are very nice people, very kind. They try their best." Another relative described their family member's care workers as, "Very helpful." A third relative said, "They are lovely girls, they are very kind with her. She has a good relationship with them."

People and their relatives confirmed that staff treated the people they cared for with respect. All the people who returned questionnaires to CQC confirmed that staff always treated them with respect and maintained their dignity. All the relatives who returned questionnaires agreed that staff treated their family members with respect and dignity. A relative who returned a questionnaire said, "The carers are very professional and courteous at all times. Since carers have been provided my mother's anxiety and stress levels have stabilised and her hypertension has practically disappeared. I am very grateful for their help, without which I would not be able to keep my elderly mother in her home as she has requested." The relatives we spoke to by telephone confirmed that staff treated their family members with respect and maintained their dignity. One relative told us, "They are absolutely respectful."

People were supported by regular staff who were familiar to them. Ten of the 11 people who returned questionnaires to CQC answered 'Yes' to the statement, 'I receive care and support from familiar, consistent care and support workers.' One person we spoke with by telephone told us, "I see two or three [staff] regularly, it's always one of them." A relative we spoke with said, "We see three [staff] on a regular basis."

People told us staff supported them in a way that maximised their independence. They said staff encouraged them to do things for themselves but were always willing to support them with tasks if they needed help. One person told us, "They help me get up in the morning and shower and get dressed. I couldn't do without them, they help me manage." Ten of the 11 people who returned questionnaires to CQC answered 'Yes' to the statement, 'The support and care I receive helps me to be as independent as I can be.' All the relatives who returned questionnaires confirmed that staff supported their family members to be as

independent as they could be. One relative told us, "They do encourage her to do things for herself where she can, it depends on the day and how she is feeling."

People were as involved in planning their care as they wished to be. They said their care plans reflected their needs and preferences about their care. Nine of the 11 people who returned questionnaires to CQC confirmed they were involved in making decisions about their care and support. Relatives told us they had opportunities to contribute to their family member's care. All three of the relatives who returned questionnaires agreed with the statement, 'With my family member's consent, I am consulted as part of the process of making decisions relating to their care and support.'

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. Nine of the 11 people who returned questionnaires to CQC answered 'Yes' to the statement, 'The information I receive from the service is clear and easy to understand.' People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The agency issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. The registered manager told us that staff signed a confidentiality statement to confirm they would abide by the agency's policy about protecting people's personal information.

## Is the service responsive?

### Our findings

People's care plans were not reviewed regularly enough to ensure they accurately reflected their needs. The PIR completed by the registered manager stated, "We do regular reviews of care to ensure that there have been no changes in the needs of any service user that have not been effectively addressed." When asked to identify what improvements were planned to make the service more responsive the registered manager stated in the PIR, "We are going to increase the number of reviews of care plans that we carry out." However we found no evidence to support this statement.

The registered manager told us that people's care plans were reviewed a minimum of once each year to ensure they continued to reflect people's needs. The registered manager said the assistant manager and care co-ordinator had been responsible for reviewing people's care plans but that they had assumed responsibility for this role since the assistant manager and care co-ordinator left. The registered manager told us that although they were responsible for care plan reviews they had not carried out any reviews as none had been due for review. We found this not to be the case. Two of the three care plans we checked were overdue for review. One person's care plan stated, "This care plan is due for review on 6 October 2017." Another person's care plan stated, "This care plan is due for review on 5 March 2018."

Staff had no travelling time between their scheduled care visits which meant people's care visits were sometimes delayed. The registered manager showed us two staff rotas for the week of our inspection. We saw that there was no travelling time between one care visit and the next on either of the rotas. We asked the registered manager whether all staff rotas were scheduled without travel time between calls. The registered manager confirmed that no travel time was built in to any of the staff rotas. Staff whose calls were in a small geographical area said their rota was manageable as they did not have to travel far between visits. Some other staff reported that rotas planned without travel time meant they were often late for their scheduled calls. One member of staff told us, "No driving time was given. This made the carer late for her next appointment."

Failure to provide appropriate care that met people's needs and reflected their preferences is a breach of regulation 9 of the Health and Social Care Act 2008.

People told us the agency was willing to be flexible and to alter their visit times if they requested this. One person said, "If I need an early visit because I've got an appointment they'll do their best to arrange it." Relatives told us the agency had been willing to adapt the number of care hours their family members received if their needs changed. One relative said their family member had initially received daily care visits as they required support with all aspects of daily living. The relative told us they had liaised with the agency to reduce their family member's care visits as their independence increased. Another relative said staff were always willing to carry out additional tasks for their family member when needed, such as washing and hanging out laundry.

The agency had written a complaints procedure which was given to people and their relatives when they began to use the service. Three complaints had been made in the previous 12 months, the most recent in

August 2017, and all had been responded to by the registered manager. None of the people we spoke with told us they had any outstanding complaints and all said they would feel able to raise concerns if necessary. One relative said of their family member, "She would certainly complain if she wasn't happy with things."



# Is the service well-led?

## Our findings

At the last inspection we found inconsistencies in the monitoring of staff performance and the delivery of people's care. Spot checks had not been carried out on some staff, which meant the registered manager could not be sure they were providing consistently good care.

Following our last inspection the registered manager sent us an action plan setting out how they planned to address the concerns about inconsistencies in the monitoring of staff practice. The action plan stated, "We have implemented regular unannounced spot checks of staff in order to monitor quality assurance." The action plan stated, "These spot checks are being documented thoroughly."

The registered manager also stated in the PIR they returned that spot checks were used to monitor care practice. The registered manager stated in the PIR that records of spot checks were kept and that feedback was given to staff if issues about areas identified for improvement. Answering the question, 'How do you assure yourself about the quality of care practice?' the registered manager stated, "We regularly visit staff unannounced while they are working."

At this inspection we found the registered manager had not implemented the actions they had told us they would take in the action plan and the PIR. Some spot checks had been carried out by the assistant manager and care co-ordinator following the last inspection but the registered manager told us they had not carried out any spot checks since these two staff left. The failure to carry out spot checks meant the registered manager could not be sure that staff were providing safe and effective care in line with good practice guidelines.

We checked two staff files to establish how often their practice and competency had been assessed at spot checks. One member of staff started working for the agency in December 2015 and had had one spot check in July 2016 which was carried out by the assistant manager. The other member of staff started working for the agency in January 2016 and had had one spot check in November 2017 which was carried out by the care co-ordinator. The registered manager confirmed that both staff were still working for the agency.

The provider's Service User Guide explained to people using the service that the agency's managers would periodically "Observe your carers within your home to ensure they are meeting your support needs." We asked the registered manager why spot checks had not been carried out in accordance with the agency's stated procedures. The registered manager told us, "I haven't really had time." We asked the registered manager whether they could be sure staff were maintaining good working practices without carrying out spot checks to observe their practice. The registered manager said, "Probably not but I haven't had any complaints."

The agency did not always communicate effectively with people. At our last inspection some people told us they could not always contact the office when they needed to. They had said calls were sometimes not answered and messages not always returned. At this inspection some people told us this remained a problem. One person told us that when they tried to contact the registered manager, "I can't always get hold

of her and when I leave a message I don't always get a call back." Some relatives reported that they often had difficulty contacting the office when they needed to. One relative said, "They don't seem to pick up the phone. Another relative who returned a questionnaire stated, "Out of hours service is a mobile phone and has not been answered in the past." People told us they did not receive a rota from the agency to tell them which care worker would be attending each visit.

The agency's assistant manager had left in July 2017 and the care co-ordinator in December 2017. Since that time the registered manager had assumed sole responsibility for the management and running of the agency. Some people and relatives told us that the departure of the assistant manager and care co-ordinator had negatively affected the way in which the agency was managed. They said any concerns they had were previously addressed by the assistant manager or care co-ordinator but that the response to any concerns raised with the registered manager was not always positive. One person said of the registered manager, "She is a bit distant, a bit unapproachable." The person told us that when they had wished to discuss an aspect of their care with the registered manager, "She sounded a bit irritated." One person who returned a questionnaire wrote, "Care agency owner is rude." A relative said, "[Assistant manager] was excellent, she was very on the ball. If I had a problem I rang and it got sorted. I can't always say the same about [registered manager]. I deal mainly with the carers now." A relative who returned a questionnaire reported, "This is a good agency with good caring staff so it would be a pity if the carers start to leave due to the pressure the owner is putting them under since the assistant manager left." The relative added, "Everything was going really well until [assistant manager] left. It is obvious to me and to the carers themselves who was really running the agency and making it work."

The departure of the assistant manager and care co-ordinator had also affected the management support available to staff. Some staff told us they could not always contact the registered manager for advice if they needed it out-of-hours. The registered manager told us they were always available on-call. They said if they were temporarily unavailable they would return any messages left by staff. However some staff reported that they had been unable to contact the registered manager out-of-hours when they needed to. One member of staff told us, "I've tried getting hold of [registered manager] and basically she's not bothered getting back to me. [Registered manager] never answered the phone out of hours." Another member of staff said, "As far as having support out of hours from [registered manager], her phone was off most of the time."

Several staff reported that they had not received adequate support from the registered manager. They told us that they had received good support from the assistant manager but that since the assistant manager left the support provided to staff had declined. One member of staff reported, "Any issues that I had while my assistant manager was with Crest were dealt with straightaway. If I had to go to [registered manager] it was not dealt with." A member of staff who returned a questionnaire wrote, "Communication is not good with [registered manager]. I had a very good assistant manager who has unfortunately left recently. I feel that there is no support and now fear that communication is lacking and information is not passed on." Another member of staff who returned a questionnaire said, "[Assistant manager] has recently left who was a great team leader and a massive support to us all, she would always update all staff as anything changed with the clients and would always answer our calls. My only fear is that now she has left Crest Care that there are no signs of her being replaced and in the past before we had [assistant manager] feedback has lacked and I would not want the clients to suffer." Two staff from whom we received feedback told us they had left the agency because of a lack of support in their roles from the registered manager. One of these staff told us, "I left Crest Care because of [registered manager] and the lack of care and support that we got."

The registered manager had not arranged any team meetings to ensure that important messages were communicated to staff and to give staff the chance to discuss any issues they felt were important. The registered manager stated in the PIR they returned, "We have regular meetings and updates in order to

ensure that all staff are kept fully up to date." However when we spoke with the registered manager during our visit they confirmed they had not organised any team meetings since the assistant manager left. The local authority had recommended to the registered manager following a quality monitoring visit in October 2017 that team meetings be introduced as a means of ensuring staff understood good practice and had the opportunity to discuss their work. This recommendation had not been implemented by the registered manager.

The PIR asks providers to report what they do to ensure the service they provide is well led. In the PIR they returned to us the registered manager stated, "We give all of our staff and clients the opportunity to have an open and frank dialogue with us at all times." However some of the staff from whom we received feedback reported that the registered manager did not give staff sufficient opportunities to discuss their work and did not listen if they raised concerns. One member of staff told us, "I have never been to team meetings and as far as I know there was none arranged." Another member of staff said, "When [registered manager] arranged meetings she would always cancel or rearrange. [Registered manager] does not communicate with us." A third member of staff told us, "I myself spoke up about a lot of things to [registered manager] which was most of the time ignored, which is one of the reasons why I left." One member of staff stated in a questionnaire that they had raised concerns with the registered manager about the number of calls they were expected to complete in a working day but their concerns had been ignored. The member of staff said, "With the calls [registered manager] did pile on a lot especially at weekends. I kept saying to [registered manager] to take some of as it was far too many plus it's not fair on the clients either."

The provider's Service User Guide stated, "Crest Care Services Ltd operates a Quality Management System and ensure you receive consistent high quality care and support. We welcome any suggestions from yourself on how we can improve the quality of our services to you, your relative and the whole community." However we found that the agency's quality monitoring systems were ineffective. Of the 11 people who returned questionnaires to CQC, six agreed that, 'The care agency has asked what I think about the service they provide,' Five people said the agency had not asked for their views about the service provided. Of the three relatives who returned questionnaires to CQC, one agreed that, 'The care agency has asked what I think about the service my relative receives.' Two relatives said the agency had not asked for their views about the service provided to their relative. We saw evidence that people had been sent a satisfaction survey in 2017 but had not been contacted for feedback since this time. This meant that people were not given sufficient opportunities to give their views about the service they received.

We asked the registered manager which aspects of the service they monitored as part of their quality management system. The registered manager told us, "The spot checks and the supervisions, daily logs and MAR sheets [medicines records]." However the registered manager had not carried out any spot checks or supervisions since the assistant manager left. We asked the registered manager how often they audited the daily care logs and medicines records completed by staff. The registered manager said, "They haven't come back for a while but normally once a month." However we found that no audits of care records or medicines records had been carried out since 24 May 2017 when the assistant manager had completed audits. When asked to provide evidence of quality checks on other aspects of the service, the registered manager was unable to do so. We asked the registered manager whether they carried out quality checks on any other areas of the service. The registered manager responded, "Not really, no."

Failure to establish systems to assess, monitor and improve the quality of the service is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered person had failed to provide appropriate care that met people's needs and reflected their preferences.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered person had failed to obtain all the information specified in Schedule 3 of the regulations in relation to each such person employed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to provide staff with appropriate support, professional development, supervision and appraisal to enable them to carry out their duties.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to establish systems to assess, monitor and improve the quality of the service.

### **The enforcement action we took:**

We served a Warning Notice.