

Crown Medical Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Crown Medical Services Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection, 14 people received personal care from the agency.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People receiving a service told us they felt safe and relatives believed their family members were kept safe. They said they had not had any missed calls, and usually received care from staff they knew well.

There were procedures which made sure the staff who were recruited were suitable and had the training and information they needed to provide effective care. The registered manager regularly met with the staff and observed them carrying out their duties.

People and their relatives told us they felt cared for by staff who treated them with respect and dignity. People were encouraged to maintain relationships and keep their independence for as long as possible.

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.

There were quality assurance and auditing processes in place and they contributed to service Improvements and plans were in place to strengthen this further. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities.

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 21/12/2018 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Crown Medical Services Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 13 December 2019 and ended on 19 December 2019. This included a visit to the office location and telephone calls to people using the service and their relatives.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from five professionals who work with the

service. We used all this information to plan our inspection

During the inspection-

We spoke with four people who used the service and one relative about their experience of the care provided. We looked at the care records for four people using the service, medicines administration records and audits. We also looked at the staff recruitment and training files for three members of staff and other records used by the provider for managing the service. We met the registered manager and the operations manager. We spoke with another three members of staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for 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 were in place to protect people from the potential risk of abuse and the registered manager understood how to respond to any allegations of abuse. One person told us, "I feel very safe and I trust all of them."
- Staff had received safeguarding adults training, they could describe situations which could amount to a safeguarding concern and knew what to do. One staff member told us, "I would report any form of abuse such as physical, racial or emotional. We would report to the manager if nothing was done we also have a whistle blowing policy."

Assessing risk, safety monitoring and management

- People's risks to their health were understood by staff. Care records provided clear information around identified risks to support staff to keep people safe. For example, one person was at risk of pressure damage, guidance was available for staff about what to look out for and the action they needed to take to minimise the risk of this. A professional told us, "Based on my experience they did everything possible to try to provide safe care to the adult they were working with, as well as promote their safety beyond the direct responsibilities of their care tasks."
- Staff told us they were encouraged to highlight any issues which compromised people's safety. A staff member told us, "The office let me know about any risks, but we also let them know if we find anything we are concerned about."

Staffing and recruitment

- There were always enough staff deployed to meet people's needs. Staff underwent relevant pre-employment checks that assured they were suitable to care for people made vulnerable by circumstances in their own homes.
- None of the people we spoke with had experienced missed calls. The registered manager told us the agency would not consider taking on new packages of care unless sufficient staffing resources were available to meet them. One person told us, "I feel very safe and they have never let me down. Times can be varied but it is usually because of traffic." A relative said, "My [family member] is quite rural and this company have their own transport and although they have the occasional hiccup on times they always give us a reason."

Using medicines safely

- Our checks of medicines records showed people received their medicines as prescribed. The registered manager carried out regular checks of medicines records to monitor this.
- Staff received training and had their competency regularly assessed. A staff member told us, "The manager

comes to check we are taking good care of the clients and to check we give the right medicine to the right person at the right time."

Preventing and controlling infection

- People were protected from potential cross infection. Staff had received infection control training and were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons.

Learning lessons when things go wrong

- The registered manager told us they had not had many accidents but would view any accident or incident report, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

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

- People's needs were assessed before they began to use the service to ensure the agency could provide the care they required. People told us their needs and preferences had been discussed with them before they used the agency.
- Spot checks were carried out on staff to ensure they were providing people's care safely and in line with relevant guidance. Spot checks assessed whether staff completed all the elements of people's care plans and checked staff communicated with people effectively and in a respectful way. A staff member said, "The manager is often here to check what we are doing."
- The registered manager was aware people's oral health needs should be recorded and showed us the documentation they planned to introduce to ensure detailed oral health care plans are developed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their role effectively. All staff had an induction when they joined the agency, which included shadowing experienced staff to understand how people's care should be provided to meet their needs and preferences. A relative said, "I find them very good and [staff] are savvy about [family members] needs."
- Staff also attended mandatory training in areas including fire safety, moving and handling, first aid and food hygiene. A staff member told us, "We have lots of training and I met the person I care for before, so I knew exactly what was expected."
- The registered manager was a nurse and was qualified to deliver additional training to staff to meet people's needs.
- Staff told us they received regular supervision and appraisal. Staff spoke positively about the registered manager and told us they felt listened to and supported.

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

- People were supported effectively with eating and drinking, and care plans recorded what people required including their preferences. One person told us, "They help me with my meals and always ask what I would like."

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

- The service made referrals to other agencies such as GP's and district nurses where required.
- Staff told us the office updated them about changes to people's care needs straight away. A staff member told us, "The office usually rings us to let us know of any changes."

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 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. 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.

- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation.
- The registered manager told us currently people had capacity to consent to their care and treatment. However, they had a good understanding of the process required if they identified people required further support with decision making in their best interest.

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 and diversity

- People received care from staff who were caring and respectful. Staff developed relationships with people and took the time to get to know them individually. One staff member said, "I think we provide a good service. We go the extra mile and people are our priority."
- People and their relatives told us they were treated with kindness and respect by the staff who visited them. One person told us, "Super, super carers." Another person said, "Wonderful care staff, they are Marvellous." A relative told us, "They [staff] are very polite and professional."
- The operations manager told us they cooked a Christmas dinner for anyone that did not have family support. They added, "We have become a family and I care about people. I have already asked [person] if they want beef or turkey." One person told us, "On Christmas day they are going to pop in to see me in the afternoon to make sure I am alright."
- People's diverse needs were recorded. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

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

- People were involved in deciding how their care was provided. The registered manager undertook quality assurance checks with people to review how their care was going and if any changes to their care were required.
- People were involved in planning their care and described feeling they were in control of their service. One person said, "All of them are polite and do anything I ask. I tell them to have a cup of tea and a slice of toast with me especially when it's cold."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's dignity and described how they helped people to feel more comfortable when supporting them with personal care. One staff member told us, "You need to communicate and know if people are happy with what you are doing. I always ask people first." One person told us, "They help me with personal care and always make sure I have privacy."
- Care plans reflected people were supported to maintain their independence. For example, one care plan recorded, "[Person] likes to wash themselves." A staff member told us, "We encourage people to do things themselves, we only help with things they cannot do or ask us for help with."

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 was planned to meet their individual needs. Each person had a personalised care plan which had been developed from their assessment. People confirmed they had been consulted about their care plans and involved in their development. Where people had specific needs such as catheter care a care plan was in place.
- Care and support plans were reviewed regularly to ensure they continued to accurately reflect people's needs. One person told us, "They do keep a check, they only did a review yesterday." A relative said, "We have a review I think once or twice a year with the social worker as well."
- Staff were allocated to regular care visits and this ensured people received good continuity of care. One person said, "I have more or less the same four staff, I have males which I am happy with and they are all very charming."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. They described people's individual communication needs and any support they needed.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and accessible. All complaints including minor concerns were recorded, the registered manager had investigated the issues raised and taken appropriate action to address them. One person told us, "I think they would listen to me if I had a complaint, but I do not have any."

End of life care and support

- The agency was not providing end-of-life care at the time of our inspection. The registered manager confirmed if end-of-life care was provided, relevant training would be provided for staff and people would be encouraged to express their wishes regarding end-of-life care, which would be recorded in an individualised care plan.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they received good support from the registered manager and operations manager. They said they were available for advice and support when they needed them.
- Staff described a positive culture where they felt their views were valued. One staff member told us, "I would be happy for my family member to use this service because we are like a family here."
- People and relatives spoke positively about the staff and managers. One person told us, "The manager comes out as well, it is a brilliant company I would recommend them to anyone, I am more than happy with them and it is a pleasure to see them every day, I look forward to it." Another person said, "The manager is lovely, I am very happy with the service you cannot beat it I would recommend them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service provided was open and transparent and the registered manager clearly communicated when things went wrong and reflected on this to see how the service could be improved upon. They told us about one person currently in hospital and staff had struggled with some aspects of their care. The registered manager told us, "We discussed with staff how we should spot the signs of deteriorating mental health early and keep an eye on this."
- The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

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

- The service used a number of audits to monitor the quality and safety of the service. These included spot checks where staff competency was assessed, and care and medication records were checked when returned to the office. The registered manager told us they planned to further strengthen their quality assurance processes with some additional processes.
- The registered manager and operations manager told us they planned to recruit a new care co-ordinator to provide additional support for staff.

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

- People and their families had opportunities to give feedback about the service. The agency contacted

people regularly to ask their views about the support they received. For example, one quality assurance check said, "The staff respect my wishes, very friendly."

- Staff told us they had team meetings where they had discussions including about improvements to the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager regularly checked people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.
- The service worked in partnership and collaboration with other key organisations to support care provision and ensure joined-up care and service development. This included working with social workers, the district nursing service, occupational therapy and local GP's. A professional told us, "[Registered manager] and [operations manager] are very approachable and supportive. They went above and beyond reasonable expectations in order to try to meet the needs of the adult in one case. I feel like they try to put the adult at the centre of the care and get to know them well as a person and build relationships – this is a more effective way of working than other agencies I have observed where adults may know the carers well, but feel the management are separate."
- The registered manager had associations with organisations such as skills for care and the nursing and midwifery council to support them to keep up with best practice.