Crystal Business Solutions Ltd

Crystal Business Solutions Ltd T/A Everycare Oxford

Inspection report

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Date of inspection visit:
28 September 2017

Date of publication:
31 October 2017

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We inspected this service on 28 September 2017. The inspection was announced.

Crystal Business Solutions Ltd T/A Everycare Oxford is a community-based adult social care service registered to provide personal care to people within their own homes. At the time of the inspection there were 22 people using the service, out of whom 11 people were supported with personal care. The service also provided assistance to other people with tasks such as housekeeping or shopping.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage a service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A few people told us that staff did not always arrive on time. These people were concerned about the staffing levels being too low which resulted in staff's lateness and delay in supporting people. However, we found that the provider had taken and were continuing to take steps to address this issue. The service was planning to use an electronic monitoring system to monitor the attendance of staff. There was an ongoing recruitment in the service to address the shortage of staff.

People told us they felt safe with the care staff who came to their homes. Staff had received appropriate training and understood the different types of abuse. They also knew what action they should take if they thought a person was at risk of harm.

Risks to people's health and well-being were identified and care plans were written with the aim of minimising the identified risks. There were systems in place to ensure people were supported with their medicines safely and appropriately.

The service followed safe recruitment procedures to make sure that only suitable staff were employed at the agency. People felt that they were supported by staff who had the appropriate skills and knowledge to care for them safely.

Staff received the training and support they needed to meet people's needs effectively. Staff were provided with regular opportunities to reflect on their practice and consider their personal career development.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). Records showed that people and their families were involved in the process of planning their care. People made their own decisions about their care and support. Staff understood they could only care for and support people who consented to receive care.

People were provided with sufficient amounts of food and drink. Staff supported people to access a range of

health care services which ensured people's health was monitored and maintained.

People felt they were treated with kindness and said their privacy and dignity were always respected. People were welcome to voice their opinion on how their care should be provided and their feedback was always taken into consideration. Care plans were agreed upon with each person or their close relative if appropriate, with people's rights and independence taken into account.

The registered provider had a compliments and complaints policy which was available to people. People told us that complaints were responded to and resolved in a timely manner. Where issues had been raised, the agency had made relevant improvements.

People said they could raise any concerns or complaints with the agency. The registered manager checked whether people received the care they needed by monitoring calls, reviewing care plans, working with care staff at people's homes and at unannounced checks to observe staff's practice.

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.

Some people told us that they had to wait for their care to be delivered as staff members were often late. The provider was taking action to recruit new staff.

Staff understood their responsibilities to protect people from the risk of harm.

Risks to people's individual health and well-being were assessed and actions agreed to minimise the risks.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had completed training to enable them to provide people with care effectively. Staff were supervised and felt well supported by the whole team and the registered manager.

People's rights were protected from unlawful restriction and unlawful decision making processes.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring.

People were positive about the care they received and felt staff always treated them with kindness and respect.

People were individually involved and supported to make choices about how they preferred their day-to-day care to be delivered.

People and their relatives were consulted about people's assessments and involved in developing their care plans.

Is the service responsive?

Good

The service was responsive.

People's care was assessed prior to care being delivered by the service. Care plans were personalised, up-to-date and included specific information about people's backgrounds, events and persons important to people.

If people's needs changed, the service responded appropriately.

People and their relatives were aware of the complaints procedure and were able to raise their concerns with the management and staff.

Is the service well-led?

Good

The service was well-led.

Staff and people spoke highly of the registered manager and the way she ran the service.

There was an open culture at the service. The management team were approachable and promoted inclusiveness.

The quality of the service was monitored and there were systems in place to make necessary improvements.

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

The inspection took place on 28 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the service's representatives would be available to meet us at their office. The inspection was conducted by two inspectors.

Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local authority commissioning teams and other professionals to obtain any information that might inform our inspection.

During our inspection we visited the provider's main office location and talked to the registered manager. We looked at records relating to the management of the service, including care plans for five people, five staff files with recruitment records, policies and procedures, a complaints log, a training matrix, quality assurance audits and accident/incident records. After the visit, we spoke with four people, one relative and four care staff members.

Requires Improvement

Is the service safe?

Our findings

Most of the people and relatives told us that staff arrived on time. However, some people and relatives told us staff were turning up late and they had to wait for their personal care to be delivered. One person told us, "My main concern with Everycare is more to do with my feeling of there being a shortage of staff; this is common to many or all of care agencies, but I just have a feeling that it might be reaching a critical level". One person's relative told us, "Timing is a bit of the problem. For example, recently staff turned at 11.45AM when they were supposed to be here at 10.15AM. It's a very long time to spend for [name] as the last visit was at 8PM on the previous day". The provider had been notified about our planned inspection in due advance. However, the inspection had to be rescheduled as the registered manager told us they were busy covering the calls themselves. This was due to a temporary shortage of staff as some staff members had recently left. The registered manager analysed why staff were leaving and found out that the most of staff that has left went back to education to continue their courses. There was an ongoing recruitment in the service to address the shortage of staff. We asked to see how the provider monitored staff attendance at care visits and we found there was no pro-active system in place and the provider relied on people reporting missed or late visits. There had been six reported missed visits since the service had opened in September 2016. The provider knew the people they supported and considered that people who needed higher level of support, for example, with administering their medicines were made a priority to receive calls in the event staff were running late.

The management team who acknowledged that improvements were required in order to prevent the lateness of staff. The management team told us they were planning to use special software for real-time monitoring of care delivery with GPS tracking of staff. The service liaised with one of the companies providing such software and got a quote for it. The management team told us this system in place would improve the timing of visits and ensure that people would receive care in a more timely manner.

People and their relatives told us they were well treated by staff and felt safe with them. One person told us, "Yes, I do feel safe with the carers". One person's relative told us, "I feel perfectly safe with them".

Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff said they would not hesitate to report any issue of concern or use the whistleblowing policy if necessary. A member of staff told us, "If I suspect any, abuse I'm going to report this to the manager. If they don't do anything, I will report things to the Care Quality Commission (CQC) or to the safeguarding team". Staff were confident the registered manager and the care coordinators would respond to safeguarding concerns promptly.

Care plans included environment risk assessments relating to each individual's home, and personal risk assessments relevant to people's needs and abilities. The risk assessments were regularly reviewed and updated when people's needs changed.

Where risks had been identified, the management had come up with means to mitigate these risks and discussed them with the person. For example, we saw that one person had been identified as being at risk of

not taking their medicines. This could lead to further complications in the person's mental health. It was clearly recorded in the person's care plan that staff were to encourage the person to take their medicines, monitor side effects and document any refusals. Staff assured us they were following the risk assessment for the person, and the records confirmed it.

The provider had an ongoing staff recruitment programme with procedures which ensured people were supported by staff with appropriate experience and character. Staff had undergone relevant recruitment checks as part of their application and all the checks were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Suitable references confirmed the details staff had provided and constituted proof of their satisfactory conduct in previous employment.

The registered manager audited medication administration records (MAR) sheets when they were returned to the office. Records showed the registered manager documented any recording issues and provided staff with feedback on how to improve their record keeping. For example, the service had improved on recording when medicines had been administered by people's relatives.

We reviewed the incident and accident log and noted that all incidents had been appropriately documented. The registered manager reviewed the logs to identify any regular patterns of incidents or accidents. As a result, the risk of a recurrence of an incident would be significantly reduced. For example, the service had helped to clear one person's cluttered room from as this might led to the person' injury while putting on their compression stockings.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as financial loss, fire or bad weather conditions.

The provider had an effective disciplinary policy. Records showed the service had dealt appropriately with matters in line with the provider's policies.

Good

Is the service effective?

Our findings

People and their relatives said all the staff were knowledgeable about how to meet their needs and appropriately skilled. One person told us," They are well-trained". One person's relative told us, "I work for the NHS and normally I perform some tasks around [person]. However, once I observed one of the carers changing a catheter. They didn't struggle, they knew what they were doing. I would raise my voice if they sent someone who does not perform well".

Staff told us their induction to the service included shadowing experienced staff and undergoing training. Records showed staff spent time in the office learning about the organisation's policies and procedures and working with their more experienced colleagues. Staff had regular reviews with their line manager during the first few weeks in post to make sure they were competent and confident in their practice.

All of the staff members we contacted told us, and records confirmed, that staff had received appropriate training to enable them to provide people with effective care. This included training in a number of different areas, such as safeguarding, stroke, food hygiene, and basic life support. We asked the staff members if they felt they were provided with sufficient training and support. A member of staff told us, "Yes, we have plenty of training opportunities. If I asked them about any additional training, they would provide me with it".

Records showed that staff received regular supervision sessions and staff confirmed this while talking to us. Supervision sessions enabled staff to discuss their personal development objectives and goals. Supervision records showed that when staff raised the need to complete any additional training, this was arranged by the service. For example, the service had arranged palliative care training for all members of staff.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. They were aware of the process to assess capacity and the fact that it is decision specific. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood the procedures needed to be followed if people's liberty was to be restricted for their safety. A member of staff told us, "The MCA applies to everyone involved in care, treatment and support of people who are unable to make all or some decisions for themselves. Getting permission from them before stepping into their own is an example of respecting their privacy".

Where appropriate, details of people's dietary needs and eating and drinking requirements were recorded in their care plans. These care plans indicated people's nutritional preferences and the support they needed. For example, one person enjoyed freshly cooked meals and records confirmed this was accommodated by the service.

Peoples care records showed relevant health and social care professionals, such as GPs, dentists or opticians, were involved in people's care. We saw people's changing needs were monitored, and changes in health needs were responded to promptly.

Good

Is the service caring?

Our findings

People and their relatives liked the staff who supported them and felt they were treated with warmth and kindness. One person told us, "I have found Everycare to be reliable and very caring. The carers that I've seen have been cheerful and very smartly dressed". One person's relative told us, "They are very good, very nice ladies".

People we spoke with consistently told us that staff respected their privacy and dignity. The registered manager had taken steps to offer people the choice whether they wished to be supported by male or female staff. Relatives confirmed that personal care was provided sensitively and discreetly. Staff knew the importance of treating each person using the service as an individual. Staff asked people how they liked their care and support to be provided. Staff gave examples of how they promoted people's dignity and privacy. A member of staff told us, "To treat someone with respect and dignity is to demonstrate tact, empathy and compassion and to respect their physical, psychological, social and spiritual needs. For example, when I walk in, I respect that this is their home and always keep an open mind because their needs and moods can change on a daily basis".

People's preferred names were recorded. We were told by the registered manager that care plans were drawn up to ensure each person was encouraged to maintain as much of their independence as possible. A member of staff told us, "The people I support are engaged and involved with every part of their care. Choice is given to the client at every stage. I make it clear to the clients that this is their care and it should and will be done the way they want it".

Records showed that people were asked if the care was meeting their needs and expectations, and if there were any changes they would like to suggest. People told us that staff involved them in making decisions in all aspects of their care. They could decide whether they needed assistance in the activities of daily living, for example getting up, bathing, toileting or putting on clothes. People were also given choices about what they would like to eat, what they would like to wear or where they would like to go. A member of staff told us, "My service user is always the centre of my attention because they all have needs and are vulnerable. I encourage and support them to try and make progress. This varies with each service user and sometimes starts with a small thing like one person who did nothing when I first arrived has now all their clothes ready and helps as much as possible with personal care and is starting to take pride in their appearance".

People were supported to have their personal, cultural and religious needs met. People's diversity was respected as part of the strong culture of individualised care. The care plans specified people's communication needs and preferred spoken language so appropriately skilled and trained staff member could be allocated to meet the person's needs. This showed us that people's diversity was genuinely considered and acted upon.

When people were nearing the end of their life, they received compassionate and supportive care. People were treated with dignity, respect and tenderness at the end of their life. The provider's approach to people nearing the end of their lives was compassionate and understanding.

People's confidentiality was respected. We saw that records containing people's personal information were kept in the main office which was locked and no unauthorised person had access to the room. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

People using this service, their relatives and professionals told us that the service responded promptly to any changes in people's needs. One person told us, "Yes, they are responsive to my needs. They have recently changed the time of my visits". Another person said, "I have found Everycare to be responsive, reliable and very caring". One of the external professionals we contacted told us, "I would say they went above the call of duty recently to insure a client was safe when a general hospital wanted to discharge a patient home who had just had an anaesthetic, Everycare alerted all relevant parties and at a very short notice was able to arrange overnight care for this person who could not be left alone".

Assessments of people's needs had been carried out before people began using the service. It ensured that the staff would be able and prepared to deliver care that met people's needs. People's preferences were recorded to help staff get to know the people they were going to support. These included people's preferred names, and also their life stories and backgrounds. A member of staff told us, "The care plans provide us with enough information, and the office is always available if there are any queries".

Staff confirmed that they were routinely scheduled to support the same people on a regular basis. A member of staff told us, "Information about the people I support is recorded in the care plan in the blue care folder. A hand-over session is given by the office beforehand as well to ensure the required information is relayed and understood. Information is also acquired from the client themselves, their family, other services such as District Nurses. Any changes are reported to the office so the care plans can be amended accordingly if this required".

People and their relatives were involved in the planning of their care as each person had recorded the desired outcomes of the service with which they were provided. For example, some people had expected that the help they received would improve their independence and well-being. One person's relative told us, "I feel involved in [person's] care. I would not take a back sit. They send a likes, dislikes and care plan to me so I can look and correct it if needed".

People's needs were regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. We saw that where these needs had changed, the service had made amendments to the person's care plan.

The provider had a complaints and compliments policy in place. People were aware how to raise any complaints if they needed to. One person told us, "I haven't complained but I know how to complain. I would just call the office if I was unhappy".

A staff member explained to us how they would support a person using the service to raise any issues, concerns or complaints if they needed to. The member of staff told us, "Service users can complain to their family, other cares and other professionals such as doctors, district nurses etc. My support would be to find out what the problem is by using a listening ear, calmness and try and divert them to a better conversation. All would be documented in the daily log, the office informed and, if very serious, the ' Blow the Whistle'

would be activated by me".

We saw that where complaints had been raised, these had been appropriately investigated and dealt with by the registered manager.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place and they understood the responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

People, their relatives and other professionals told us they considered the service to be well managed and friendly. One person told us, "All in all, I'm well satisfied with the service they provide". One person's relative said, "I have a good opinion about the management. The registered manager is a very pleasant, very nice and obliging lady". A healthcare professional told us, "They appear professional, reliable and organised. They appear compassionate and want to strive to do the best for the clients they support".

Staff took pride in working for the provider. They told us that they were a very good company to work for and had a good reputation. They found the registered manager and the provider very supportive in their work and also to them as individuals. A member of staff told us, "They are always approachable. They are on call 24/7 to offer advice, support and encouragement. For example, at 52 years of age I'm doing a nationally recognised qualification and the rota allows me to get a balance between work and study".

Due to the small size of the service, the registered manager also performed the same work as care staff. This enabled the manager to observe the operating of the service in detail. Staff were involved in developing the care and support provided to people through their daily interaction, and with informal feedback given to the registered manager.

There were no formal team meetings, however, staff told us they regularly met the management team and were able to contribute to the running of the service. A member of staff told us, "I suggested that general emails should be sent to all carers regarding reminders of a policy etc. and this has been done. When I reported a change in a client's health, the office responded very quickly arranging either a doctor's or district nurse's visit whenever concerns are raised". Another member of staff told us, "We don't have team meetings as such because it is difficult to get all staff together as visits need to be met. But any important information and updates are sent via email or 'round robin' text".

The service cooperated closely with health and social care professionals to achieve the highest possible standard of care for people they supported. People's records were of good quality and fully completed as appropriate.

Policies and procedures were detailed and gave adequate information to staff, people using the service and their relatives, and were fit for purpose. There was a system in place for ensuring staff had read and understood them.

We found regular audits were completed by the service. These included medication, record keeping and

training audits. Any issues identified through the audits were quickly acted upon and the experience gained was used to enhance the service. For example, we saw improvements had been made in recording pressure ulcers in daily notes.

The management team recognised that the shortage of staff and staff's time keeping were the biggest challenges to the service. The recruitment was on-going and the service was planning a purchase of special software for real-time monitoring of care delivery with GPS tracking of staff.

Satisfaction surveys were sent to people who used the service and their relatives to seek their views on the quality of the service people received. The results of the last survey showed a high level of satisfaction with the service provided.

All the incidents and accidents that had occurred had been investigated, recorded and dealt with appropriately. When conclusions had been drawn from accidents or incidents, the findings had been shared through regular supervision, training and meetings with the registered manager.