

Crystalline Business Solutions Ltd

# Crystalline Business Solutions Limited

## 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

Crystalline Business Solutions is a service which provides support to people in their own home. 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. At the time of our inspection there were three people receiving personal care.

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

People felt safe and were supported by staff who knew how to protect them from abuse and avoidable harm. People received their medicines when they were due. People were protected from the risk and spread of infection.

Staff arrived for pre-arranged visits on time and stayed for the length of time agreed. People were supported by the right number of staff to meet their needs. People were supported by staff who were well trained and received regular supervision.

Staff followed the recommendations of external healthcare professionals to help people maintain their health. The registered manager and staff worked well with people, their families and the local authority which helped people to receive consistent care.

People's needs were assessed and they received care which met their needs. People were satisfied with the quality of care they received. Staff were kind and caring and treated people with respect. 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.

The registered manager and staff understood the responsibilities of their role. There were systems in place to obtain people's views and people knew how to make a complaint. There were systems in place to assess and monitor the quality of care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

This service was registered by the CQC on 11 April 2018 and this was the first inspection.

### Why we inspected

We inspected Crystalline Business Solutions Limited on 16 September 2019. This was a planned inspection in line with our inspection programme.

### 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 was 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 ●

# Crystalline Business Solutions 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

This 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 houses and flats.

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

This inspection took place on 16 September 2019 and was announced. The registered manager was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection we reviewed all the information we held about the provider. This included the provider information return (PIR). 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.

During the inspection

We spoke with the registered manager and a quality assurance consultant. We reviewed a range of records. This included three care files, staff recruitment, training and supervision information and other records relating to the management of the service.

After the inspection

We spoke with one person using the service, a relative and two staff.

# Is the service safe?

## Our findings

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

This was the first inspection of this service. At this inspection this key question was rated good. This meant people were safe and protected from avoidable

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Safeguarding policies were in place and staff completed safeguarding training. Staff understood their responsibilities to protect people from abuse and report any concerns. Staff knew how to recognise the signs of abuse.

- People were safe being supported by staff.
- Staff knew the importance of reporting any accidents or incidents involving people using the service to the registered manager.
- There had not been any accidents or incidents since the provider registered with the CQC. However, the registered manager told us that if something went wrong she would investigate and take action to help prevent the incident happening again.

Assessing risk, safety monitoring and management

- People's care was planned to limit the risk of avoidable harm.
- The risks associated with people's health, mobility and their environment were assessed.
- There were systems in place to review risks regularly and if there were any changes in a person's circumstances.
- People's care plans had guidance for staff on how to manage the risks identified. Staff had access to a copy of people's risk assessments in their home and knew how to manage the risks identified.

Staffing and recruitment

- People were supported by staff who had been recruited through a safe recruitment process to make sure that only staff suitable for the role were employed.
- Appropriate checks were carried out before staff began to work with people including their right to work in the UK, criminal record checks and checking they were physically and mentally fit to carry out their role.
- People told us there were sufficient staff to support them safely and meet their needs. Staff arrived on time for scheduled visits and stayed for the time agreed.
- The staffing arrangements were flexible enough to ensure that replacement staff were available if a staff member was off through sickness or another unplanned event. This helped people receive consistent care.

Using medicines safely

- Staff responsible for giving people their medicines had been trained to do so safely.
- People's care plans contained information on the medicines they had been prescribed and whether staff or a relative was responsible for giving the medicine.
- Staff kept records of the medicines they gave to people. People told us they received their medicines as prescribed.

## Preventing and controlling infection

- People were protected from the risk and spread of infection.
- Infection control and hygiene issues were highlighted as part of people's initial assessment.
- Staff had received training in infection control. They understood the importance of good hand hygiene, wearing personal protective (PPE) equipment such as gloves when providing personal care and disposing of clinical waste appropriately. Staff told us there was always enough PPE available for them to use.

# 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 was the first inspection of this service. At this inspection this key question was rated good. This means that people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs before they began to use the service.
- These assessments identified the tasks staff needed to complete at each visit to meet people's needs. The provider also used information supplied by the local authority to help create people's care plans.
- Care plans were designed to maintain and improve people's health and achieve effective outcomes for people. For example, records demonstrated that care was planned in accordance with national guidance for improving foot care outcomes for people with diabetes.

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 with appropriate legal authority.

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 understood their responsibilities in relation to the MCA.
- Every person using the service was able to make decisions about their care.
- People were fully in control of their lives and made their own decisions about their care and the way it was provided.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care; supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to keep healthy and well. People's care files set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP.
- We saw evidence that the care people received helped to improve their health and well-being. For example, there was consistent improvement in one person's personal hygiene as a result of being supported by the service. A relative told us, "[The person's] mobility has improved so much. He is like a different

person."

- People were supported by experienced staff who were able to identify changes in people's health conditions. Staff and the registered manager liaised well with professionals involved in people's care such as district nurses, to ensure for example, that people's diabetes was well-managed.
- Staff followed the recommendations of external healthcare professionals involved in people's care. This helped to make sure people received appropriate and consistent care.
- The provider did not support anybody with their meals. However, staff received training in food hygiene so they would be able to support people safely and effectively with this if required.

Staff support: induction, training, skills and experience

- When first recruited the provider assessed staff training needs. Staff received an induction, relevant training and supervision. People were confident staff had the training and experience to support them safely and effectively.
- Staff felt supported in their role and able to approach the registered manager for guidance.

# 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 was the first inspection of this service. At this inspection this key question was rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion.
- People were usually supported by the same staff and told us this helped to develop meaningful and supportive working relationships. One person told us, "My carer is ever so nice. I've been very lucky." A relative told us, "They are fantastic. We're very happy with them."
- The registered manager and staff told us they enjoyed their work. They spoke about people in a caring and respectful manner. The registered manager told us, "The most beautiful part of this job is seeing the improvement in people."
- The registered manager and staff understood the importance of treating people equally and respecting their differences.

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

- People confirmed they were involved in making decisions about the care and support they received. People were asked about their care wishes and preferences during the assessment.
- The registered manager regularly visited people to obtain their feedback on the way in which their care was provided. People also had the opportunity to give feedback during their care reviews when the registered manager asked questions such as whether they were treated with dignity and respect and were happy with their carer. A feedback survey was also sent to people every three months.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's wishes and privacy. People told us staff supported them in a way which maintained their dignity. One person told us, "They are respectful and make me feel very comfortable."
- The registered manager encouraged and checked that staff supported people in a way which they maintained their independence. The registered manager told us, "I don't want to take away people's independence. Our job is to support them to maintain their independence." Care plans stated what people were able to do without assistance and staff encouraged them to do as much as they were able.

# Is the service responsive?

## Our findings

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

This was the first inspection of this service. At this inspection this key question was 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 records contained information about the support they needed from staff.
- Records maintained by staff indicated people received the support agreed and planned for them. This was confirmed by the people we spoke with.
- People were involved in reviews of the care and support provided which helped the provider check this was continuing to meet their needs. Staff were promptly informed of changes to people's support which helped to make sure the care people received met their current needs.
- Staff knew the people they supported well and understood their needs, preferences and choices. This helped staff to provide person-centred care.

Meeting people's communication needs

Since 2016, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (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.

- We saw the provider was adhering to the AIS principles. The provider recorded details of any communication needs.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record, investigate, respond to and monitor complaints.
- People had been given the information they needed to make a complaint about their care in the service user guide.
- People told us they knew who to contact if they had any concerns and were confident any issues would be dealt with.
- The provider had not received any complaints.

# 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 of the 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- People told us the service was well-managed. One person commented, "I think they are organised." A relative commented, "They are reliable and we haven't had any reason to complain. They are doing a good job."
- The registered manager and staff fully understood their role and responsibility to protect people from harm and provide high quality care.
- The registered manager assessed the risks relating to the health, safety and welfare of people; these risks were well managed.
- Staff understood the importance of arriving at people's homes on time, staying for the time agreed and providing care in line with people's care plans.
- The provider had a variety of systems in place to check that people were receiving consistently good care. These included sending out feedback surveys, carrying out unannounced checks to observe staff working practices and contacting people to discuss their care. Where issues were found through these checks these were addressed promptly and improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager understood the importance of involving people in the care planning process as an aid to providing personalised care.
- The registered manager had a good understanding of what was required to meet the regulations.
- The registered manager and staff understood their responsibility to be open and honest if an accident or incident occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Surveys were regularly conducted. The results from the latest survey were positive.
- People were involved in making decisions about their care and felt in control of the way their care was provided.
- Staff had received training in equality and diversity. They understood the importance of treating people equally and respecting and valuing people's differences.
- The registered manager was in regular contact with staff. Staff felt able to approach the registered manager

with any concerns and to obtain support.

- The registered manager had established good working relationships with people's relatives and other professionals involved in people's care. This helped people to receive consistent, personalised care.