

Krystal Solutions Limited

# Krystal Solutions Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

#### About the service

Krystal Solutions Limited is a domiciliary care service providing personal care to people living in their own homes. 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. The service was providing personal care to three people at the time of the inspection.

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

Staff weren't always recruited safely; employment histories had not been checked. Care plans and risk assessment documents had not been completed accurately and contained information that did not relate to them. There was a potential risk that care workers would not have enough information to support people safely. We saw no evidence the people currently receiving support were at risk and care workers knew the people well.

People and relatives were positive about the service they received from Krystal Solutions. There were enough staff to support people safely; staff had attended training to prepare them for their role and infection control risks were managed. People were protected from abuse; staff had completed training in safeguarding and recognising signs of abuse.

People and relatives told us staff were always kind, treated them with dignity and respect and maintained their privacy. Care workers knew how to support people safely and people told us they felt safe. Staff told us they enjoyed their job. One staff member told us she liked supporting people and seeing the smile on their faces.

The registered manager was committed to providing a high-quality, person centred service and worked in partnership with other professionals, such as the local authority and hospital discharge teams.

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.

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

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Kent and Medway. To understand the experience of social care providers and people who use social care services, we asked a range of question sin relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

### Rating at last inspection

This service was registered with us on 30/04/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the timescales for unrated services.

#### Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. We have identified breaches in relation to safe recruitment of care workers and record keeping at this inspection. You can see what action we have told the provider to take at the end of this report.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Krystal 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

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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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 the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 March 2022 and ended on 21 March 2022. We visited the office location on 17 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the health and social care professionals who work with the service. 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 used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We obtained feedback from two staff members. We spoke with two relatives of people who use the service. We reviewed a range of records, including three peoples' assessments and care records. We looked at two staff files in relation to recruitment, training and staff supervision. We looked at feedback from service users.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and other recruitment 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff were not always recruited safely. There were no employment histories recorded in staff files and references had not been verified. There was a potential risk to people using the service that unsuitable staff may be employed. The provider's recruitment policy referred to an application form with education and employment details and stated one reference must be from the most recent employer, who will also be verbally contacted to confirm employment. The registered manager had not adhered to their own recruitment policy.

Failure to carry out robust recruitment checks is a breach of regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities, 2014) regulations.

- There were enough staff deployed to provide safe care for people; absences were covered from within the small team, supported by the registered manager.
- Relatives told us care workers were punctual and stayed with the person for the required length of time. The registered manager undertook random spot checks on care visits to give added assurance.
- The registered manager had made checks on Disclosure and Barring (DBS) records for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people working with people who use care and support services. Interviews were values based.

### Assessing risk, safety monitoring and management

- The registered manager visited each person to undertake a full assessment before starting to provide personal care services. They used information provided by the hospital discharge team as well as information from the person and their relatives, if appropriate, to inform their assessment and to plan the care.
- Care workers told us they had enough information to provide safe care and relatives confirmed care workers knew what to do during the care visits.
- The office had been recently redecorated, so notices were not currently on display. The office was secure, and the registered manager was aware of the notices to be displayed, for example, insurance documents.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff told us, and records confirmed they had received training in safeguarding and knew how to spot signs of abuse and report concerns.
- The provider was alert to safeguarding concerns; records showed concerns were reported to the appropriate authorities and the management team cooperated with investigations in a timely manner. The

provider had a safeguarding policy in place.

- Peoples' relatives told us their loved ones felt safe with the service. One relative told us, "They are doing a good job."

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection. Staff had received appropriate training to learn how to minimise the risk of infection spreading.
- The provider had an infection control policy in place. People told us staff used appropriate personal protective equipment (PPE), such as masks, gloves, aprons and overshoes. Staff were provided with individual PPE disposal bags to ensure safe disposal.

Learning lessons when things go wrong

- Care workers knew what to do if someone had an accident or an incident. There had been no accidents or incidents reported, but the provider had policies in place which included accident and incident report forms and an accident log. The registered manager had cooperated with a safeguarding investigation and lessons learned from that incident were shared with staff to minimise the risk of reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager undertook an assessment of each person's needs before commencing service. Details in the assessment were used to formulate and agree the plan of care with the person and if appropriate, their relatives.
- Krystal Solutions was providing short term support for people being discharged from hospital for a maximum of four weeks, during which time they were reassessed by the local authority with a view to moving to a new care provider for ongoing continuing care.
- Care planning documentation had areas for recording peoples' social, religious and cultural needs as well as their hobbies, interests and goals. There were daily care records in a folder in peoples' homes.

Staff support: induction, training, skills and experience

- Staff received induction training, which was mainly online learning. Staff confirmed they had received enough training to undertake their role. Training records confirmed staff training had been completed in mandatory areas, such as safeguarding and moving and handling.
- Staff had supervisions and spot checks undertaken regularly and staff told us they felt supported by the registered manager.

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

- Some people received support to prepare meals and drinks to meet their nutritional and hydration needs. Others did not need any assistance in this area as they were either independent or received support from relatives.
- Peoples' care records detailed whether a person needed assistance with food preparation or not and any special diets that were required.

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

- Staff knew people well and knew when to report issues to the registered manager. Relatives confirmed this; one relative said, "Oh yes, [staff] knows [relative] very well."
- Care records included information about the person's GP, but there was no other health information included in the records. However, the registered manager knew who was receiving support from the district nurses and staff knew how to contact doctors or other professionals if this was required.

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.

- The registered manager was aware of the requirements of the Mental Capacity Act.
- Staff gave people choices and encouraged people to make their own decisions, for example, what to wear or what to eat.
- Where people had capacity, they signed their own care documents and contracts, and records showed people were not restricted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Due to the number of people being supported, the registered manager was able to ensure continuity of care by allocating regular care workers.
- People and relatives were positive about how they were treated and supported. One relative said, "[Relative] has really taken to [staff member], which I was surprised about". People described the care workers as 'lovely' and 'supportive'. People and relatives said care workers treated them with respect and respected their property. Staff showed regard for peoples' equality and diversity needs.
- The provider encouraged people to give feedback about their care. The registered manager kept in contact with people to ensure they were happy with the service provided. The registered manager had received compliments about the care provided. One person said, 'I just wanted to say thank you for the kind, friendly and very professional care you have given [relative].'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in their assessment and the development of their care plan. The registered manager agreed the plan of care and the timing of the care visits with the person.
- Relatives told us staff asked their consent before carrying out any tasks.
- People were supported to be as independent as possible. Staff encouraged people and supported them to do things for themselves. Care plans included goals about regaining independence. One staff member told us, "I love to see people wean off help to become independent."
- Peoples' relatives told us staff always treated their relative with dignity and respect. Their privacy was maintained when they were receiving personal care.
- Information held in the office was stored securely. Paper records were stored in locked filing cabinets. Electronic records were held on secure, password protected computers.

# 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

- The registered manager developed care plans in partnership with people and showed a commitment to person centred care. Staff understood peoples' needs and delivered care in accordance with their wishes. For example, one person preferred to prepare their own breakfast and have their personal care after. The timings of the care calls reflected this.
- Peoples' care plans were reviewed if any changes were needed, but people usually only received care services from Krystal Solutions for a limited period, up to four weeks.
- The registered manager was considering investing in electronic systems to support care planning and recording.

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.

- Peoples' communication needs were recorded and understood by staff. Information was available and shared with people in formats which met their communication needs.
- The provider had a comprehensive service user guide which contained all relevant information about the service and what to expect. This guide could be made available in alternative languages and formats, for example, large print on request. The provider had not had any such requests.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Peoples' care plans included sections on hobbies, interests and social activities and had details about relevant family members. The registered manager was aware of family members who were involved in the care of the person being supported.
- The registered manager maintained regular contact with family members and relatives told us they knew who the manager was and how they could be contacted.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they had any concerns, although most people hadn't needed to raise any issues.
- Where complaints had been received, these were logged accurately. Investigations were thorough and complainants were responded to in a timely manner, where possible.

- The provider's complaints procedure was clearly set out in the service user guide and gave guidance on escalation of complaints if they weren't satisfied with the response from the provider.

#### End of life care and support

- The provider had supported people at the end of their lives and had been complimented on the care provided. A relative had provided feedback to the registered manager, 'Thank you for filling [relative's] last days at home with love and compassion.'

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management did not always support the delivery of high-quality, person-centred care.

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

- The registered manager completed assessments and developed care plans with people before starting to provide the service. The care plans and risk assessments we looked at lacked detail and contained inaccurate information about the person. For example, whether they had a wound or not and details about their family members. Two care plans had identical information about the person's social needs. This meant we could not be assured other information in the plan was correct. The registered manager told us they had used a template and had not realised some sections already contained information.
- Some risks, for example, of pressure damage, had not been properly assessed. The registered manager was not aware of recognised tools to support assessments. This meant people could be at risk, although we did not see any evidence the people being supported had come to any harm.
- Although we did not see any evidence people were harmed by this, people may be potentially at risk if care workers do not have the correct information to support people safely. We discussed this with the registered manager, and they told us they would undertake a review of all care planning documents and risk assessments immediately and re-write them where necessary.
- The provider did not have robust mechanisms in place for checking care planning documents, risk assessments or daily records of care and so had not identified the issues we found at this inspection.

Failure to keep accurate records is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager was aware of their responsibilities but there had been no incidents to report.

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

- The management and staff team demonstrated a commitment to providing person centred care and there was a caring, open culture.
- Staff told us the registered manager was supportive, and they were comfortable approaching them with any concerns. There was an on-call service to provide support and guidance to staff when the office was closed.
- Peoples' relatives agreed the registered manager was approachable, and they knew how to contact them

if they had any issues to discuss.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing truthful information and an apology when things go wrong.
- The provider had a Duty of Candour policy and the registered manager understood their responsibilities. They had been open and honest during a recent safeguarding investigation.

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

- The registered manager telephoned people to check they were happy with the care being provided and visited them sometimes to seek their views on the care. The registered manager had regular contact with relatives where appropriate.
- The registered manager had office-based supervision meetings with staff to discuss their role, day to day work, any concerns and any learning or development needs. The registered manager did random spot checks to ensure care workers were arriving and leaving peoples' houses at the correct times.

Continuous learning and improving care

- The registered manager was committed to continuous service improvement and to providing the best possible quality of care. The values of the organisation reflected this.

Working in partnership with others

- The service worked in partnership with the hospital discharge teams and with the local authority for ongoing care provision.
- The registered manager has been signposted to local provider groups and trade associations for mutual support, guidance and the sharing of best practice.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to keep accurate care records and did not have governance processes in place to identify the shortfalls. Care planning documents contained inaccurate information about people and there were no processes in place to monitor care records.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to carry out robust pre-employment checks on people. Application forms did not contain details of education or a full employment history and references had not been verified.</p>