

Crest Healthcare Limited

# Crest Healthcare Limited - 10 Oak Tree Lane

## Inspection report

Selly Oak  
Birmingham  
West Midlands  
B29 6HX

Tel: 01214141173  
Website: [www.cresthealthcare.co.uk](http://www.cresthealthcare.co.uk)

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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

Crest Healthcare are registered to provide personal care. They provide care to people who live in their own homes within the community. There were five people using this service at the time of our inspection.

At our last comprehensive inspection in August 2016 we found that the registered provider was in breach of regulations. This was because the service was not applying the principles of the Mental Capacity Act 2005 and people were not benefitting from a service that was well led, or operating effective governance systems. Following the inspection we met with the registered provider who submitted an action plan detailing how they would improve to ensure they met the needs of the people they were supporting and the legal requirements.

We undertook this announced inspection on 13 June 2017 to check that the provider had followed their own plans to meet the breaches of regulations and legal requirements. We found that the registered provider had addressed some of the concerns that we had identified at our last inspection and had met their action plan regarding one breach of regulation. The systems in place to ensure the quality and safety of the service were still not effective, and this inspection identified a new breach of regulation relating to recruitment of new staff. We are considering what further action to take.

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

Relatives we spoke with told us that people who received support were safe. The staff we spoke with were able to describe a range of actions they took to ensure people's safety. Relatives told us that people who used the service benefitted from consistent and reliable staff. Staff understood their duty and responsibilities to report any allegation or suspicion of poor practice and abuse. There were sufficient numbers of staff working at the service. Where risks had been identified there were not always effective plans in place; however the staff knowledge of people's needs ensured people continued to receive safe care.

People using the service required the support of staff to administer their medicines. Records we looked at did not always show that the medicines had been available to administer or that they had been given as prescribed. The registered managers own checks had failed to identify these issues and action had not been taken to provide assurance that medicines were being administered as prescribed, to meet people's healthcare needs.

People were supported by staff who were able to undertake their role. Staff received some training from the registered manager, and further training and support from the family members of the people they

supported. New staff were supported to complete an induction programme. The registered manager's recruitment records didn't show that all the required checks had been undertaken, to ensure staff were suitable to provide personal care. Staff understood the principles of the Mental Capacity Act (MCA) and respected people's decisions and gained consent before they provided personal care and support. Staff were aware of people's needs in relation to nutrition and hydration

Relatives shared examples of how their family member was supported by staff who were compassionate and caring. Staff told us that they listened to people and encouraged them to make decisions about how their care was provided. Staff shared examples of how they treated people with dignity and respect and maintained their privacy when personal care was being provided.

People received care and support that reflected their expressed needs and individual preferences. Care plans were personal to each person. Relatives felt able to complain and records showed that concerns identified would be responded to in a timely manner.

Relatives were satisfied with the service their family member received however the service was not well led. The systems in place to assure the safety, quality and consistency of the service were not adequate. Checks and audits had not been effective at identifying matters that needed attention. Despite this being brought to the attention of the registered manager at our last inspection; they had not taken timely or adequate action to improve this aspect of the service.

You can see what action we have required the provider to take at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People could not be confident they would always receive their medicines as prescribed. Medicines management did not always follow good or safe practice guidelines.

People were supported by staff who had a low tolerance for abuse and poor practice and who felt confident to report this. However the systems and current staff knowledge about how to do this correctly would not ensure that allegations of abuse would be reported or that people would get the support they required.

Risks people experienced were managed well by staff with knowledge of people's needs. However records to support risks did not provide guidance on how to support people's liberty and safety.

People were supported by adequate numbers of staff who knew them well.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to meet their needs.

Support was provided for people to maintain good health and to eat and drink enough to stay healthy.

People's human and civil rights were protected.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by staff that they knew, liked and who supported them with compassion and kindness.

Staff worked to maintain people's dignity and privacy.

**Good** ●

### Is the service responsive?

The service was responsive.

People received a service that was individual and planned to meet their needs and wishes.

There was a system for people to raise concerns and complaints.

Good 

### Is the service well-led?

People did not benefit from a service that was continually improving and developing.

The systems in place to provide assurance that care was safe and of good quality were ineffective.

Records had not all been maintained in good order. Information about the service people needed and had been offered were not all available or up to date.

Requires Improvement 

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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 was planned to check 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.

This inspection took place on 13 June 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 staff were available at the office. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector and an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our visit we reviewed information the provider had sent us in response to our last inspection which outlined the action they planned to take to comply with regulations. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service. We contacted Healthwatch, they had not received any feedback about this service. We used all this information to plan what areas we were going to focus on during our inspection visit.

We were informed that people's healthcare needs meant that no one who was using the service would be able to provide us with feedback about their experiences of Crest Healthcare. We spoke with relatives of three people that use the service, with the registered manager, and three members of care staff. We spoke with two health professionals. We sampled some records, including two people's care plans, three staff files and the way the provider had applied their recruitment process. We sampled records maintained by the

service about training and quality assurance to see how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

Relatives told us that their family member was supported by a consistent group of people, and that staff always arrived when they were expected. The registered manager explained that staff often covered each other's shifts during planned leave to ensure people were always supported by people they knew. Staff were satisfied with the arrangements in place. People receiving care in their own home are at particular risk if the staff member fails to arrive for the call, or is late. The registered manager had no systems in place to monitor the length of calls, or to ensure that calls always took place. The records of recruitment showed that some checks had been made on staff before they were offered a position within the service. One of the four staff files we looked at did not have a Disclosure and Barring check (DBS) available. The manager was unable to confirm this had been applied for. Some of the references we viewed had not been validated to ensure the person providing the reference was suitably qualified and experienced to comment on the person's fitness for the job. Failing to undertake these checks can increase the risks associated with recruiting unsuitable staff, and is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people needed the support of staff to administer, manage and record their medicines. Records we looked at did not show that people had always received their medicines as they required or as had been prescribed. Medicine administration records (MARS) had not all been signed to show that medicines had been given. Staff we spoke with were confident that medicines were always given, however checks had not been made or recorded that could confirm this. Some people had been prescribed medicated creams. Records had not been completed to confirm these had been applied as required. Some of the medicines prescribed were to be given, 'when required'. Sometimes people could be offered either one or two of these tablets, depending on their symptoms. The records did not always show what dose had been administered which could result in people being given more of the medicine than is safe.

The staff we spoke with told us that they had received training in the safe medicine administration techniques. However evidence of this training or of observational competency checks to ensure they were using the safe techniques they had been taught were not available. We were unable to confirm that these checks had been undertaken. While our inspection did not identify that people had come to harm these practices did not follow good practice guidelines or assure people's safety.

Relatives we spoke with told us that they felt people using the service were safe. One relative told us about the staff that supported their family member and said "I trust them both." They went on to say that they felt their family member did feel safe when being supported by the staff. They said, "[Name of person] would not go out with them, unless they were happy with the way they treated them." One member of staff we spoke with told us, "The care is planned around keeping the person safe and helping them to feel happy."

Staff we spoke with demonstrated that they would not tolerate abuse or poor practice, and that they would be confident to identify and report this. The staff we spoke with told us that they had received training in how to safeguard people. However the action they informed us that they would take was not consistent with local policies. The action they described would increase the risk of people not receiving the support they

required or the correct agencies being informed. Staff had taken action when an allegation of abuse had been received and whilst it was positive that healthcare support had been accessed for the person, it was not clear that the relevant agencies, including CQC had always been informed.

Some people's healthcare needs and lifestyle choices meant they were exposed to risks. The registered manager had ensured these risks were identified and that assessments were undertaken. The resulting documents identified possible risks to the registered business, but failed to always identify the risks to the person, and how these could be managed while promoting the person's liberty. One relative we spoke with described that over time staff had come to know their family member well, and now understood the risks associated with supporting the person well. Another relative told us, "The carers know the signs of [name of person] becoming agitated, and know how to respond. They are not reliant on records." One person whose care we looked at in detail required the support of staff and specialist equipment to help them move and change position. We saw these needs had been recorded in good detail and staff we spoke with were able to describe how to meet this person's needs well. The knowledge staff had built up about people had ensured people were provided with safe care although records generated by the registered manager did not always support this.

# Is the service effective?

## Our findings

At our last inspection in August 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure the service was complying with and operating consistently with the requirements of the Mental Capacity Act 2005. Following our inspection the registered manager produced an action plan of how they would respond to concerns raised.

At this inspection in June 2017 we found the registered manager had made the improvements required to ensure that they were meeting the requirements of the Mental Capacity Act. We found that staff were offering people the opportunity to consent to care and support. The registered manager was no longer breaching this regulation.

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.

We checked whether the service was working within the principles of the MCA. Relatives shared with us examples of how people were supported in line with their preferred choices. One relative told us, "They give [name of person] choices about what to wear." Staff we spoke with told us, "I'm aware about how [name of person] makes choices. It isn't always about words, sometimes we have to look at the gestures and body language as well. Staff we spoke with all understood the importance of asking people for consent before offering care or support. One member of staff told us, "I try and motivate the person, but at the end of the day if they refuse we have to respect [name of person's] choices."

People can only be deprived of their liberty so that they can receive care and treatment when it is in their best interests and legal authorised under the MCA. At the time of our inspection the registered provider had not needed to make any applications to the court of protection. Our discussions with the registered manager identified that had this been necessary she would not have had the skills or knowledge about how they would do this.

Relatives and staff we spoke with said they felt they had the skills and knowledge required to meet the needs of the people they were supporting. One relative we spoke with explained the specific and complex needs of their family member, they went on to tell us, "Staff understand these needs and speak to [name of person] so they can understand." Staff that we spoke with told us that they had received training in the past year. This had included training on how to provide safe care as well as how to meet some of the specific needs of the people they were supporting. The records we viewed showed that the courses provided by the registered manager were usually very short, and provided only an awareness of the issues being covered. Staff we spoke with confirmed that most learning took place on the job, and under the direction of the person's relative. Health professionals that we spoke with confirmed that staff had the skills and experiences

to support people well. They confirmed that this was because of support provided by other family members and skills the staff had built up over time, rather than the training provided by the registered manager.

Staff that we spoke with told us that they felt well supported in their role. There had not been any staff recruited recently, however one member of staff recalled their induction and told us, "Before I started working with someone the agency organised for me to shadow another staff member. We went through the care plan at the property so that everyone understands what is needed." Formal recorded supervisions were not taking place regularly; however we found that staff felt supported by their peers and senior staff. One member of staff told us, "You can call any of the manager's if you have a concern."

Some of the people using this service require staff to help them plan, purchase and prepare food. Relatives told us that people enjoyed the food provided, and that their family member was supported to eat and drink enough to maintain good health.

Many of the people using this service had multiple and complex health care needs. Relatives, staff and health professionals we spoke with all confirmed these were well met. Relatives and health professionals explained that staff quickly identified changes in people's well-being and contacted the appropriate professional. One relative told us, "I believe [name of person] has good healthcare. The doctor is involved and picks up any changes."

## Is the service caring?

### Our findings

One of the relatives we spoke with told us, "The staff are always kind." Another relative described some of the ways their family member's needs could challenge staff. They went on to say, "They are kind even when [name of person] is in a bad mood."

People's needs were met by staff they knew and trusted. The relatives spoke highly of the regular team of staff that supported their family member. One of the health professionals we spoke with described the positive relationship that had developed over time between the person they support and the staff team. People did not all communicate their needs and wishes using words and staff we spoke with were aware of the gestures and body language that people used to support them in making their needs and wishes known. Some of the care records we viewed included written guidance to support staff with communication with people using the service.

Staff employed by the service were aware of the diversity and culture of the people they supported. The registered manager had ensured that information about people's culture and faith had been included in their care documents.

Staff described how they empowered people to make their own decisions as far as possible. One member of staff told us, "I try and make sure [name of person] does as much for themselves as they can." Care plans that we reviewed encouraged staff to support people in being as independent as possible.

Relatives told us that their family member was treated with dignity and respect when staff were supporting them. One member of staff told us, "I make sure [name of person] has their privacy during personal care." Care records we looked at showed that mainly positive terms and descriptions were used about people in the records.

## Is the service responsive?

### Our findings

The relatives we spoke with told us that they were happy with the care and support their loved one received. The two health professionals we spoke with confirmed that staff who worked directly with people knew them well, and provided a responsive and individual service to meet their needs.

Staff we spoke with knew people's preferences and were able to describe how people liked to be supported. The care plans we reviewed contained people's preferences such as how they liked their personal care needs to be met, including detail such as the type or fragrance of the products they most liked.

When it was part of people's care plans, people had been supported to undertake activities that were of interest to them. One relative we spoke with told us, "They take [name of person] out for a walk to the local shops which they love, or for a walk in the park which she enjoys." Another relative told us, "[Name of person] likes to spend time in their room, to watch TV and occasionally to go out. Staff respect and support with this, which makes him happy. "

The registered manager had developed a complaints procedure. We saw the work undertaken to investigate and respond to one complaint. This showed that a thorough investigation was undertaken, however it was not apparent how the learning had been applied to drive improvements. Relatives told us they would feel able to approach the registered manager with concerns, but that they were usually able to resolve any minor issues directly with the staff that supported their family member in their home.

# Is the service well-led?

## Our findings

At our last inspection in August 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service. The registered manager had produced an action plan of how they would respond to concerns raised.

At this inspection in June 2017 we found that the action taken by the registered manager had been insufficient to meet this breach of regulation, and to ensure that people received consistent, good, safe care. The action undertaken had not been effective at identifying issues and had failed to drive the improvements required.

At our last inspection we found that there were no effective systems or quality audits in place to monitor the quality and safety of the service provided or to drive up improvements. Although the registered manager described how they had improved the monitoring since our last inspection, we continued to identify issues that should have been picked up and explored by the registered managers own quality assurance systems. We looked at medicine administration records that had been completed in people's own homes and which had been returned to the agency office for review and safe storage. Analysis of the records identified that medicines had not always been signed for. Despite these records having been returned to the agency office some weeks before our inspection no one had identified these potential issues, or taken action to explore them and to provide assurance that the support given to the person with medicines was safe. The registered manager told us she had checked these records but failed to identify these issues. This meant these checks were not being effective.

We looked at a medicine countdown sheet that showed the stock level of medicine available. For eight days this record showed that one medicine was not available to give. Despite the manager telling us she had reviewed this record, she had not identified the issue and had not made any enquiries to ensure that the person had been given the medicine, and that this was now available to administer. No action had been taken to establish why the medicine had run out, and why action had not been taken to replace the stock more quickly. This meant that the registered manager was not using adverse events to improve and develop the service offered.

All the relatives and health professionals we spoke with were happy with the direct support provided by care staff, however we received repeated feedback identifying shortfalls with the organisation and leadership of the service, including, "The manager is okay, just not very organised." Health professionals we spoke with described the support they often had to provide to the registered manager to complete tasks that should be within their competence. Another health professional described having to repeatedly 'chase' the registered manager for information they had requested. When we started our inspection the registered manager was unsure how many people were receiving a service from the agency. This did not demonstrate good management or leadership.

Locations that are registered with the commission are legally required to maintain records that evidence the care they have offered and provided to people. Many of the records we viewed had not been signed, or dated. The records did not show signs of review, and some of the information was inconsistent and out of date. Some of the records we viewed failed to show that the care and support people required had been provided. Some people had monitoring records in place that should prompt a response from staff if the action being monitored failed to occur for a set number of days. We saw extensive periods of time had passed without this activity being recorded. Records failed to show that staff had identified this or taken the required action. The records had been returned to the office several weeks before our inspection. The registered manager had failed to identify the significance of these gaps, and had not sought assurance that the person was well. The monitoring systems the registered manager had put in place within people's homes had also been ineffective at identifying this shortfall.

Discussions with the registered manager identified that they had not kept fully up to date with developments, requirements and regulations in the care sector. Where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. While there was a rating poster clearly on display in the office, this information on the website was out of date, and did not accurately reflect the current rating of the service. This is a breach of Regulation 20A of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We are currently considering what action to take in response to this.

The registered manager had not stayed up to date with developments such as the Duty Of Candour. (A responsibility to notify people and families in the event of the care being provided causing person harm.) The registered manager was not clear about their responsibilities under the mental capacity act when possible restrictions were placed on people within their own home. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that notification systems were in place.

Failing to establish and operate systems and processes to assess, monitor and improve the quality of the service provided is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 17 Regulations 2014. This is an on-going breach of this regulation and we have issued a warning notice to ensure the action required is taken.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  People could not be certain that the staff supporting them, had all been subject to robust checks, that help reduce the risks associated with recruitment of staff.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager was failing to establish and operate systems and processes to assess, monitor and improve the quality of the service.

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

We issued a warning notice, which is one of our regulatory powers. This was to ensure the required improvements were made within a set timescale.