

ChrystalKay Healthcare Ltd Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
30 April 2024

Service provided by:
CHRYSTALKAY HEALTHCARE LTD

Service provider number:
SP2021000201

Service no:
CS2021000321

About the service

ChrystalKay Healthcare Ltd is a privately owned company that is registered to provide housing support and care at home services to older people living in Edinburgh, Dunfermline, Rosyth, Kirkcaldy and Glenrothes.

The company is also registered to provide support to two named people under the age of 65.

At the time of the inspection, the company were providing support to six people in Edinburgh and 10 people in Fife.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 22 April 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included:

- previous inspection findings
- registration information
- information submitted by the service
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service
- spoke with three family members
- received feedback through questionnaires from 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People experienced flexible, personalised care and support from staff they knew well.
- Some people's care plans were right for them because they set out how their needs would be met, as well as their wishes and choices. Some care plans required improvement to ensure everyone experienced consistent, safe care and support.
- The service had implemented a range of regular quality assurance audits which were being used to identify areas for improvement. The service needed to develop their quality assurance activity further and were committed to doing so.
- Staff received a range of training opportunities to support their learning and development.
- Staff were being supported more effectively with their continued professional development.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

People experienced compassionate, flexible care and support from staff they knew well. People and their families commented positively on the quality of care and support they received. Comments included: "they've saved my life", "I don't know what I'd do without them" and "they help me have a good start to my day, with a laugh". This meant that people were able to build trusting relationships with staff in a way they were comfortable with.

Staff mostly treated people with dignity and respect, however we heard from people and families of occasions where staff may be on their mobile phone, sleeping on shift or speaking in a language the person doesn't understand. We also heard of occasions where people's property was left unsecured. We discussed this with the provider and asked that staff are developed through training and supervision to address this. The provider must ensure staff follow their professional codes of conduct and take action where practice falls below standards. The provider had delivered training to the staff team to raise awareness of conduct and security and were planning to monitor performance through effective practice observations. This meant that people could not always rely on care and support that respected their individuality and property.

People felt that the care and support they received helped them get the most out of life. People commented that having a positive start to the day makes a big difference to their wellbeing and felt that staff were good at providing this. We asked the provider to work with people to ensure they were receiving the full amount of care and support they were entitled to in line with their assessed needs. This meant that people could be fully involved in assessing their emotional, psychological, social and physical needs regularly and when things change.

People were experiencing improved support with their health and medication. We sampled medication administration records and health monitoring charts and found them to be well completed and accurate. The provider audited medication to check that people were getting the right support for them. This helped them to check that all staff were following best practice and address any improvements identified. This meant that people had gained confidence that treatments or interventions were safe and effective and the provider was monitoring this to ensure continued improvement.

The service had conducted a range of risk assessments regarding people's care and support. The risk assessments were well written and appropriate risk reduction measures had been identified. At the time of the inspection, the risk assessments had not been reviewed in over six months. We asked the provider to ensure all documentation relating to a person's care and support is regularly reviewed to ensure they are current and effective. This meant that people could rely on the service to identify and reduce risk but further improvements were required to ensure that people's care plans reflected their current needs and ways to minimise any identified risks (see area for improvement one).

People received varying levels of support with their mobility and continence, however there were not always clear guidelines or procedures for staff to follow to promote people's safety. People's care plans did not contain accurate, relevant information regarding people's mobility or personal care support needs, preferences or wishes. Staff had received moving and handling training but had not all received valuable

observations of practice to ensure they were competent and understood how to use equipment safely. The provider had identified this area as requiring improvement and were actively addressing this at the time of the inspection. This meant that people could not always rely on consistent, safe support with their mobility, however could now be assured that the provider would identify issues and make improvements (see area for improvement two).

Areas for improvement

1. To ensure people experience safe and effective care and support, the provider should ensure that effective, relevant risk assessments are carried out and reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To ensure people experience care and support that is safe and effective, the provider should ensure that care plans contain sufficient detail of mobility and continence needs to promote a consistent, safe approach.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

The provider had developed a range of quality assurance audits to identify current standards and areas for improvement. We sampled records of audits undertaken and found them to be regular and detailed. We asked the provider to ensure conclusions and action plans corresponded with the details in the analysis. We also asked the provider to develop the audits conducted to include a wider range of areas including care plan reviews and staff development. This meant that people could be confident that the provider was starting to work within a culture of continuous improvement (see area for improvement one).

The provider had conducted a full self-evaluation of their service using the Quality Framework for Support Services. The self-evaluation highlighted strengths in each area and identified areas for improvement. This was the first self-evaluation the provider had undertaken and the provider should build on progress made in this area. This meant that people could have more confidence that the provider was assessing the quality of the service provided and actively working towards improvement (see area for improvement two).

The provider had developed a service improvement plan. The provider had used a variety of sources of evidence, including consultation with people, families and staff to populate and prioritise improvement activity. We asked the provider to continue to develop the plan and keep accurate records of all actions taken (see area for improvement two). This meant that people, families and staff could be confident that their views were used to inform improvement.

Areas for improvement

1.

To further improve people's confidence in quality assurance systems, the service should review the range of audits undertaken and ensure key areas are included, for example but not limited to, care plan reviews and staff development activity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To further improve people's confidence that the service works within a culture of continuous improvement, the provider should develop their self-evaluation processes and improvement plan to ensure conclusions match the evidence produced and actions taken are better evidenced.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

The provider had previously focussed on improving their recruitment practices however standards had slipped again. We saw a number of pre-employment checks that had been undertaken, however there were not consistent records kept for each employee. The provider had exercised due diligence to check the validity of references received, however had not kept records of this work. We found that online right to work checks had been completed retrospectively after employees had begun employment. We were satisfied that staff were appropriate for their role and had the right to work in the UK, however we asked the provider to maintain detailed records and ensure all pre-employment checks are undertaken and adequately recorded. This meant that people could not always be confident that their staff had been appropriately and safely recruited (see area for improvement one).

Staff training and development had improved. Staff completed a variety of online training courses and were fully compliant with expectations. There was still room to improve training that was face-to-face and training specific to individual's needs. Most staff had received supervision and had attended team meetings or team development sessions. Managers had started to conduct observations of staff practice and were providing balanced feedback to staff to support their development. The provider was aware that further improvements were required to ensure all staff had the same level of training, development and support and were actively working towards improvements. This meant that people could have increased confidence that their staff were trained, competent and skilled had improved.

People experienced adaptable care and support from a staff team they knew well. People and their families appreciated staff's flexibility and responsiveness when concerns arose, which provided reassurance and comfort to people and their families. People told us that staff were very accommodating when they asked for additional support. This meant that staff had time to care, support and speak with people and could be responsive to people's changing needs.

Areas for improvement

1.

To promote people's confidence that their staff have been appropriately and safely recruited, the provider should ensure recruitment records are consistent and robust, detailing all actions undertaken including checking references and staff's right to work in the UK.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

People's care plans had improved and contained more detail to promote a consistent staff approach. We sampled some care plans that were detailed and accurately reflected people's care and support needs, preferences and wishes however some care plans still required further detail. We found information in some cases that was outdated or unclear. We asked the provider to ensure all care plans had been reviewed and contained accurate, current, detailed information. This meant that some people's care plans were right for them as they set out how their needs would be met as well as their wishes and choices, however further improvements were required to ensure all people experienced the same standard.

The provider had made improvements to the level of detail recorded in care plans about people's communication preferences. For some people, there was clear detail of important family members or representatives and what their involvement was. Other care plans did not have such clear information. In many cases, there were no records of signed agreements or records of consent. We asked the provider to continue their improvement work in this area to ensure all people had the correct information to provide confidence that lines of communication were effective.

Some people had experienced a review of their care plan and had received copies of meeting summaries and updated care plans. This experience was not consistent for all people. There was varying quality of the detail contained in the meeting summaries and some people had not had their care plan reviewed. Whilst there had been improvement in this area, further development was required. This meant that most people could rely on care planning that was effective, up-to-date and accurate but further improvements were required to ensure all people experienced the same standard (see area for improvement one).

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their care, the provider should continue to review and develop care plans in consultation with people, their families/representatives (where appropriate) and staff and ensure that staff have consistent guidance to support the care review processes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.'

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 3 November 2023, the provider must ensure that effective recording of medication administration, health monitoring, risk assessment and auditing procedures are in place to keep people safe and maintain their health and wellbeing.

To do this, the provider must:

- a) Ensure Medication Administration Record charts (including topical and 'as required') are complete and detail each medication, including name, dose and times to be administered.
- b) Ensure health monitoring charts, (for example catheter care, oral care, skin integrity, food/fluid) are implemented where required.
- c) Ensure clear medication/health monitoring guidance is included in the care plan. This should detail the level of staff involvement and their recording responsibilities.
- d) Ensure relevant medication risk assessments are conducted and effectively recorded.
- e) Conduct and record regular checks on the quality of recording on medication/health charts. Where issues are identified, record action taken.
- f) Regularly observe staff practice when working with medication. Provide feedback to the worker and maintain detailed records.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

An extension to this requirement has been set to 11 March 2024.

This requirement was made on 3 August 2023.

Action taken on previous requirement

The provider had made improvements associated with this requirement. We sampled a number of medication administration records and health monitoring charts and found them to be mostly complete and accurate. There were some instances where there was inconsistent administration information, however the provider had identified this through their quality assurance systems and were actively working towards improvement as detailed in their development plan.

People's care plans contained improved detail for staff to follow, to ensure a consistent approach. Further improvements were required to ensure safe, effective procedures for mobility, continence and personal care support.

The provider had conducted relevant risk assessments for people. These should be regularly reviewed in line with best practice to ensure they were still accurate and relevant.

The provider had started to work with staff to conduct practice observations. The records we sampled showed detailed information of what was observed, the strengths demonstrated by the member of staff and areas where practice could improve. Whilst this was positive, there were still a number of staff who had not been observed or received feedback. The new registered manager had a plan in place and was already progressing this with staff.

Overall, the provider had made sufficient improvements to consider this requirement to have been met, however please refer to the new area for improvement issued under the section "How well do we support people's wellbeing".

Met - within timescales

Requirement 2

By 3 November 2023, the provider must ensure that quality assurance policies and procedures are implemented to support people's health, wellbeing and safety.

To do this, the provider must:

- a) Develop and implement regular, robust quality assurance audits.
- b) Analyse the results of audits to establish areas for improvement.
- c) Conduct a full self-evaluation and implement an improvement plan in consultation with people receiving a service, their family members (where appropriate) and staff.
- d) Keep detailed records of all quality assurance activity.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

An extension to this requirement has been set to 11 March 2024.

This requirement was made on 3 August 2023.

Action taken on previous requirement

The provider had made significant progress with this requirement. There was now a dedicated folder with records of all audit activity and action plans. This had allowed the service to be more confident that standards are consistently being met and provided opportunities to work with staff to improve their practice.

The provider had conducted a full self-evaluation of the quality of care and support they provide, using the Quality Framework for Support Services. The self-evaluation had identified areas where improvements were required and these were translated into a detailed development/improvement plan. We asked the provider to carefully consider their overarching conclusions and evaluations to ensure that identified actions corresponded with any improvements identified.

We asked the provider to consider a range of additional quality assurance audits, to ensure all aspects of service delivery were of consistently high standard and to continue to document these clearly. This would

further develop their suite of assurance and provide further evidence and reassurance that quality standards were being met.

Met - within timescales

Requirement 3

By 3 November 2023, the provider must ensure that a registered manager is in place.

To do this, the provider must:

- a) Appoint a manager with relevant skills, experience and qualifications.
- b) Submit a Change of Manager application to the Care Inspectorate, for both Housing Support and Care at Home registrations, without delay.

This is to comply with Regulation 7 (Fitness of managers) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

An extension to this requirement has been set to 11 March 2024.

This requirement was made on 3 August 2023.

Action taken on previous requirement

The provider had identified and recruited a registered manager with relevant skills, experience and qualifications. The provider had completed the necessary applications to the Care Inspectorate and the applications were approved. The new registered manager was keen to learn and develop and was committed to developing the service.

Met - within timescales

Requirement 4

By 3 November 2023, the provider must ensure people's safety, health and wellbeing is protected through effective staff training and development.

To do this, the provider must:

- a) Conduct a training needs analysis to identify training required for staff.
- b) Ensure staff have training specific to individuals they support, for example, but not limited to, epilepsy, falls and multiple sclerosis.
- c) Ensure staff receive in-depth, practical training for higher risk support for example, but not limited to, medication and catheter care.
- d) Ensure regular staff supervision, team meetings and practice observations. Encouraging staff to be reflective practitioners alongside their professional codes and the Health and Social Care Standards.
- e) Ensure staff are appropriately registered with the SSSC within legal timeframes.
- f) Develop and maintain detailed records of all of the above.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

An extension to this requirement has been set to 11 March 2024.

This requirement was made on 3 August 2023.

Action taken on previous requirement

The provider has conducted a full training needs analysis. Many sources of evidence had been used to inform the analysis including people/family/staff feedback. We asked the provider to review the analysis regularly and ensure people, families and staff have regular feedback opportunities to inform development.

The provider had significantly improved staff online training compliance with most staff achieving 100 percent completion. There was still work to be done to ensure staff received training specific to individuals needs. The new registered manager was working on this and had a workable plan in place.

The provider had implemented measures to more effectively support and develop their staff team's knowledge, experience and competence. Staff had received good quality, documented supervision, however there were still gaps relating to casual/bank staff. We asked the provider to ensure their casual/bank staff are treated the same as permanent staff and to prioritise their development opportunities.

The provider now had a clear overview of their staff's professional registration and any qualification conditions they may have to achieve. We sampled records and found them to be complete and accurate. We noted upcoming changes to the Scottish Social Services Council (SSSC) registration requirements and asked the provider to ensure oversight and compliance.

The provider had made improvements to record keeping. There were clear records of meetings held, including actions identified. Meetings, audits and feedback were used to develop a detailed improvement/development plan. We asked the provider to review storage of records to ensure they were secure but accessible to the correct people.

Met - within timescales

Requirement 5

By 3 November 2023, the provider must ensure care planning, risk assessments and review processes are robust and detail people's care and support needs.

To do this, the provider must:

- a) Ensure care plans detail the support to be provided and how it should be delivered.
- b) Where other agencies are involved, there must be clear detail of responsibilities, recording and lines of communication.
- c) Record clear contact details and communication preferences for people and others important to them.
- d) Conduct and record risk assessments according to policy and best practice.
- e) Ensure care plan reviews occur at least every six months and involve the person and/or their

representatives.

f) Store and appropriately share detailed records of meetings and updated care plans.

This is to comply with Regulation 5(1) and (2) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

An extension to this requirement has been set to 11 March 2024.

This requirement was made on 3 August 2023.

Action taken on previous requirement

Care plans had improved however there was not a consistent standard across all supported individual's plans. Many care plans had greater detail of how staff should carry out agreed support in a manner appropriate to the individual. We asked the provider to ensure all care plans met the same standard and to continue this improvement work.

The provider had improved the recorded information regarding people's communication preferences, including people important to them and how/when they should be involved. We asked the provider to implement quality assurance activity to evidence and satisfy themselves that staff keep themselves up-to-date with changes to care plans.

The provider had made improvements to the quality of care plan review documents, however this was not consistent for all people receiving a service.

Whilst the provider had made sufficient progress with this requirement to be able to consider it met, there was still improvement work underway. Please see "How well is our care and support planned?" section of this report for further details.

Met - within timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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