

ChrystalKay Healthcare Ltd Housing Support Service

Regus
Westpoint
4 Redheughs Rigg, Office 225
Edinburgh
EH12 9DQ

Telephone: 07525394694

Type of inspection:
Announced (short notice)

Completed on:
1 May 2025

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 people living in Edinburgh, Dunfermline, Rosyth, Kirkcaldy and Glenrothes.

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

About the inspection

This was a full inspection which took place on 24 and 28 April 2025. 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:

- Received feedback from six people and 12 of their family members
- Received feedback from 10 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- People experienced dignified and respectful care and support from a staff team they knew well.
- The service had made significant improvements to their structures, procedures and quality assurance.
- The service had established a culture of openness, in the spirit of genuine partnership, with all key stakeholders.
- The quality of care plans had improved however further detail was required to promote a consistently safe approach.
- People did not always have access to relevant information about their care and support.
- The service was prioritising staff practice through a range of development tools.

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?	4 - Good
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 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: "I can't rate our carers highly enough. They have become like friends to the family", "Great communication from management when required" and "They will always strive to find a way around any problem or help with any request." This meant that people were able to build trusting relationships with staff in a way they were comfortable with.

Staff treated people with dignity and respect. We observed staff practice and found that staff greeted people and interacted with people in a professional, respectful manner, using appropriate communication and promoting choice. Whilst staff interactions were positive, we observed and received feedback from families that there could be a lack of companionship and interactions were very task orientated. This meant that whilst people experienced care and support that was dignified and respectful, people's emotional support or companionship needs were not always met.

People received varying levels of support with their mobility. We observed practice and received feedback from families and involved professionals that staff utilised safe moving and handling techniques. We sampled information pertaining to people's mobility and found this had improved and supported consistent personalised, safe approaches. The information was held online and was not always available in people's homes, which meant that professionals visiting a person were unable to access the appropriate information to safely provide support. We asked the provider to address this and ensure people always had access to their care plan information (**see area for improvement one**).

The service supported some people to take their medication. The service had a clear policy on medication and the varying levels of support they provide, including specific procedures. Staff had completed medication training and the manager had observed their practice and provided feedback. The service had improved these procedures, however we observed practice where staff did not follow correct procedures, resulting in increased anxiety for an individual. There was a lack of information in the person's home or on the electronic system to share with the person to ease their anxiety. We discussed this with the provider, who was already aware of these issues. This meant that whilst improvements had been made to the systems to promote safe and effective medication support, outcomes for people had not consistently improved (**see area for improvement one**).

Areas for improvement

1. To support people to consistently experience safe and effective care and support, the provider should ensure people have access to their most recent care plans, records and risk assessments, including medication and moving and handling information, in their own homes.

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 because people have the necessary information and resources' (HSCS 4.27).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

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 noted improvements to action plans and auditing of care plan reviews and staff development. The provider was now more aware of the areas that needed improvement through these systems. Whilst the auditing system was now more robust and the provider was utilising the information more effectively, we were unable to see a consistent improvement in people's outcomes yet. This meant that people could rely on the provider to monitor and identify quality improvements but further work was needed to affect positive, consistent improvement to staff practice (see 'How well do we support people's wellbeing?' section of this report).

The provider had implemented a development plan in 2024, which was due for review after the inspection. We reviewed the plan and found the priorities matched outcomes from audits and showed clear progress. Many of the priorities focused on improving systems, procedures and formal staff support and development, which were essential foundations to long term, sustainable improvement to people's outcomes. We asked the provider to update the self-evaluation to inform the review of the development plan. We signposted the provider to tools and resources available on the Care Inspectorate website. This meant that people could be confident that the provider was committed to developing and enhancing a culture of continuous improvement.

The provider had worked hard to strengthen relationships with people's families and involved professionals. The provider had completed a round of questionnaires with people, their families and staff and had analysed the results. People, families and involved professionals had recently been invited to attend a 'co-production' meeting with the service, with the aim of involving everyone in the development of the service. We received very positive feedback from families and professionals about the provider's commitment to listening to all involved parties. This meant that people were actively encouraged to be involved in improving the service, in a spirit of genuine partnership.

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.

Staff were provided with a range of learning and development opportunities. We received consistent positive feedback from staff on the quality of their training and they confirmed they had access to a sufficient range to support them to do their job well. We sampled training records and found that staff were compliant with key subject areas. Staff received regular supervision which was well recorded and focused on strengths and areas to improve. The management team regularly conducted observations of staff practice which were also well recorded and provided useful feedback. Staff also attended regular team meetings and told us they felt

communication was effective. This meant that people could be confident staff had sufficient training and development opportunities to provide good quality care and support.

Staff had ample opportunities for training and development and the provider had consistently strengthened this over the last year. Despite this, there was some evidence that staff practice had not fully improved (see "How well do we support people's wellbeing?" for more detail). This meant that, whilst the provider had focused on building and strengthening staff support systems, the improvements to all staff practice had not yet materialised and people could not yet be confident that staff were continually developing and improving.

People experienced consistent and stable support from staff they knew well. People and their families knew who was coming to support them and could rely on them being on time. People and their families felt that communication was effective between the team and management. Staff rotas were well planned but were only available one week in advance. We received some feedback from people and staff that they would prefer more notice. We asked the provider to work towards providing people with greater advance notice of their rotas. This meant that people could rely on a service that was predictable and reliable with a team that worked well together.

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 generally improved and some sections contained more detail to promote a consistent staff approach. We sampled care plans that had sections that were detailed and accurately reflected people's care and support needs, preferences and wishes however other sections still required further detail. We discussed this with the provider and asked for all sections of care plans to have consistent levels of detail. The provider used an electronic care planning system, which staff could access remotely. We found that information was sometimes difficult to find or was stored in unexpected sections. We asked the provider to review this to improve accessibility of vital information. This meant that people's care plans were not entirely right for them as they did not always contain enough detail or were not easily accessible to ensure people experienced the same quality of care and support from all staff (**see area for improvement one**).

People were involved in shaping their care and support but did not always have their care plans, risk assessments and daily records available to them in their own home. Some people were able to use the provider's electronic care planning system but others were not. We asked the provider to ensure all supported people could access their up-to-date information when they needed to, including when they needed to share the information with involved visiting professionals (see 'How well do we support people's wellbeing?' section of this report).

People had recently been involved in reviewing their care plan. We sampled people's care plans and found them to be recently updated. People and their families commented positively on the review process and found them to be timely and useful. The provider had made improvements in this area since the last inspection.

Areas for improvement

1. To improve people's experience of consistent care and support, the provider should ensure care plans contain step-by-step guidance for staff to follow, detailing people's preferences and choices for all support provided. This should include, but is not limited to, people's medication and daily routine care plans. The provider should also review their electronic care planning system to ensure information is easily accessible.

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 because people have the necessary information and resources (HSCS 4.27).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area 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).

This area for improvement was made on 30 April 2024.

Action taken since then

The provider had made improvements to risk assessments. We sampled a number of risk assessments and found them to be relevant, appropriate, clear and regularly updated.

We found that the quality of information contained within risk assessments had also improved and in some cases contained more information than the care plan. We asked the provider to review the location of this information and encouraged cross referencing between sections to make accessing information easier.

The provider had made significant progress in this area since the last inspection.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 30 April 2024.

Action taken since then

The provider had made improvements to the quality of information regarding people's mobility and continence needs.

We sampled a number of people's plans and found clear, detailed information promoting a consistent, safe approach. We found that information was recorded in unexpected areas of the provider's electronic care planning system. We asked the provider to ensure consistency of location of information and encouraged cross references between sections to improve ease of access.

Whilst improvements had been made to mobility and continence care plans, further detail was needed to improve the quality and safety of medication support plans. We have therefore issued a new area for improvement. See 'How well is our care and support planned?' section of this report for more information.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 30 April 2024.

Action taken since then

The provider had made improvements to their quality assurance systems and expanded the audits undertaken. We sampled a number of audits and found detailed analysis and actions agreed. The provider had strengthened their quality assurance system as a result.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 30 April 2024.

Action taken since then

The service had compiled a development plan in 2024 that was due to be reviewed after the inspection. The development plan had a focus of improvement of systems and procedures including staff support and development. The provider had evidenced progress towards the identified goals. We saw evidence that quality assurance activity was reflected in the development plan.

The provider had not completed another self-evaluation since the last inspection. We asked the provider to complete this and use the results to inform the development plan review. We signposted the provider to tools and resources held on the Care Inspectorate website.

This area for improvement has been met.

Previous area for improvement 5

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).

This area for improvement was made on 30 April 2024.

Action taken since then

The provider had made improvements to their recruitment records. The provider were now using an external system to support recruitment and staff personnel records. The system sent alerts and reminders to the provider to support consistent and safe record keeping. We sampled records held on the system and found them to be clear, complete and recently updated. We were satisfied that the provider has sufficient systems in place to support safe recruitment.

This area for improvement has been met.

Previous area for improvement 6

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 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).

This area for improvement was made on 30 April 2024.

Action taken since then

The provider had made significant improvements to their involvement and consultation processes. People and their families told us they were regularly involved in the development of people's care and support and

appreciated being involved in regular care plan reviews. Staff told us they were involved in the care planning process and felt their input was valued. We sampled care plans and found them to have been recently reviewed and updated. We sampled records of review meetings and found clear summaries of discussions held and actions agreed.

This area for improvement has been met.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.