

# ChrystalKay Healthcare Ltd

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 August 2023

**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 seven people in Edinburgh and 16 people in Fife.

## About the inspection

This was an unannounced, full inspection which took place on 27, 28 July and 1 August 2023. 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:

- registration information
- information submitted by the service
- intelligence gathered since the service became registered.

In making our evaluations of the service we:

- spoke with four people using the service and nine of their family members
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People and their families valued the staff involved in their care and support.
- People experienced flexible and adaptive support from the service.
- The provider needed to appoint a skilled, experienced and qualified manager.
- The service needed to improve recruitment procedures.
- Medication training and record keeping was insufficient and needed to improve.
- Staff training and development was insufficient and needed to improve.
- Care planning, reviews and risk assessments were insufficient and needed to improve.
- The service needed to introduce quality assurance procedures and develop an improvement plan.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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

## How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

People and their families valued the care and support provided by the service. People told us their staff were friendly, kind and respectful in their approach, however some told us that staff could be task focussed, with little interaction and were sometimes rushed. Some people told us that communication could improve, particularly around lateness however many felt that communication was sufficient. People told us they had a stable staff team and could rely on receiving support from staff they knew well. Comments included, "my [relative] would not be able to stay at home without them" and "the support allows me to get on with my life". This meant that people mostly experienced a reliable support service and felt respected in their home.

Staff were respectful of people's choices and preferences and people told us they were confident staff would keep them safe, however, we observed some unsafe procedures and heard of unsafe practices. We discussed this with the provider. This meant that people could not always rely on treatment or interventions that were safe and effective.

Daily recording of support undertaken did not capture outcomes for people. Often staff completed records many hours after support had been provided. Some records noted health concerns but no further information regarding actions taken. Medication records were incomplete and ineffective at monitoring the type of support provided or the medication administered (see requirement one). Health monitoring charts and relevant risk assessments were not in place. There were no mechanisms in place to audit the quality of recording, which meant that people could not be confident that systems would improve.

### Requirements

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).

## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

Quality assurance procedures were insufficient. The provider had policies in place that prompted quality audits, however these were not being conducted. The provider did not have a service improvement plan in place and had not conducted a self-assessment. This meant that the provider was not working in a culture of continuous improvement which had resulted in poor practice being undetected (see requirement one).

We were concerned that the provider did not have robust incident and accident reporting procedures in place. We heard of incidents that had occurred that had not been appropriately reported and recorded. We sampled incident reports and found them to be incomplete and lacked reflective practice and lessons learned. This meant that people could not experience high quality care and support based on relevant evidence, guidance and best practice.

The provider had conducted a satisfaction survey with people receiving a service, however, they had not collated or analysed the results and therefore were unable to use the feedback to support improvement or communication. This showed that people were encouraged to be involved in the development of the service but meant their feedback was not utilised effectively.

People and their families told us they knew how to complain should they need to. They had relevant and up to date information to allow this happen. We heard that most people found the provider to be responsive to any concerns raised, however some people told us they struggled to make contact. This meant that most people could raise concerns effectively however improvements were needed to ensure all people had the same experience.

The service did not have a registered manager in place, which meant that there was insufficient capacity and skill within the organisation to support improvement activities effectively and to embed changes to practice. The provider is legally obliged to have a registered manager in place with the required skills, knowledge, experience and qualifications (see requirement two).

## Requirements

1. 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).

2. 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).

## How good is our staff team?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

We were concerned about the quality of recruitment processes. We sampled a number of staff personnel files and found them to be incomplete. Some staff did not have Protection of Vulnerable Groups (PVG) Scheme membership in place prior to their start date. Some references from previous employers were inadequate. It was difficult to ascertain if the provider was adhering to the conditions of their international recruitment Sponsor Licence. We discussed our concerns with the provider and asked them to improve recruitment processes in line with the National Safer Recruitment Through Better Recruitment guidance (see requirement one). This meant that people could not be confident that staff who supported and cared for them had been appropriately and safely recruited.

Staff professional registration with the Scottish Social Services Council was incomplete. Some staff had not met their legal requirement to be appropriately registered within six months of commencing employment, others were registered incorrectly. When speaking to staff, they seemed unaware of their conditions to achieve relevant qualifications. We asked the provider to ensure their staff met their requirement to have appropriately registered, qualified staff within legislative timescales (see requirement two).

We were concerned about the quality of training that staff received and a lack of practice development. Through our discussions with staff, it became apparent that they viewed training as an event rather than continuous professional development. There were no mechanisms in place to ensure that staff training translated into improved practice. Induction and shadowing opportunities for new staff were basic and needed to be developed. Some people required support with catheter care however, there was insufficient

evidence that staff had received appropriate practical training to provide safe and effective care. This meant that people could not have confidence their staff were trained, competent, skilled and able to reflect on their professional codes (see requirement two).

Staff supervision and team meetings had taken place, however records of meetings detailed information that had been shared but no evidence of practice development or encouragement of staff to reflect on their practice in line with their professional codes and the Health and Social Care Standards. Staff did not have the opportunity to be observed in their practice or receive formal feedback, despite policies being in place that stated this should be occurring. This meant that people could not count on staff working in a culture of continuous improvement based on relevant evidence, guidance and best practice.

## Requirements

1. By 3 November 2023, the provider must ensure safe recruitment practices and procedures are adhered to. keep people safe and maintain their health and wellbeing

To do this, the provider must:

- a) Ensure practices and procedures comply with the National Safer Recruitment Through Better Recruitment guidance and organisational policy.
- b) Ensure recruitment is compliant with their international recruitment Sponsor Licence where applicable.
- c) Ensure accurate, detailed and complete records are maintained.

This is to comply with Regulation 9 (Fitness of employees) 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. 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).

## How well is our care and support planned?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare or safety of people may be compromised.

Care plans were basic and lacked sufficient information to provide individualised, safe, effective care and support. People's daily routines were documented but there was little information about how the support should be carried out. In some instances, the service was provided alongside another provider, however the care plans did not detail how the organisations would work together to meet people's outcomes. People could not be assured that their care plans were right for them as they did not set out how their needs, wishes and choices would be met (see requirement one).

There was a lack of risk assessment in people's care plans. Care plans did not inform staff how to carry out personal care. The type of moving and handling equipment to be used was not recorded. Medication administration was not detailed. As risks were not identified, assessments to reduce these risks for people were not in place. The organisation's policies stated that risk assessment should be completed and regularly reviewed. We saw evidence that these had not always been completed. People were at risk of a deterioration in health or injury due to a lack of information in care plans (see requirement one).

Care plan reviews had taken place but many had not. The provider has a legal obligation to conduct reviews every six months or more regularly if required, however they had not routinely informed people or their families of this. Records of review meetings that had occurred were sparse and did not give a full account of discussions held and actions planned. This meant that people may not have their needs met due to outdated and incomplete information in their care plan (see requirement one).

The provider needed to review how information was stored and shared. Information was scattered across paper records, computer hard drive and online care planning software. People did have a copy of their care plan in their home, however did not have access to information stored elsewhere. People were at risk of receiving inconsistent, out of date support which could be detrimental to their health and wellbeing.

## Requirements

1. 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).

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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