Croft Carehomes Limited

Croft Care Services

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Croft Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults living with disabilities. There were 167 people using the service at the time of inspection.

The inspection of Croft Care Services took place on 17 July 2018 at their offices and was followed by telephone calls to people using the service and care staff between 19 and 24 July 2018.The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available.

At our previous inspection in April 2017 we rated the service as 'Requires Improvement'. We identified two regulatory breaches which related to safe care and treatment and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions – safe, effective, responsive and well led, to at least good. This inspection was to check improvements had been made and to review the ratings.

There was a registered manager in post and available at the time of 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.

We found improvements had been made in regard to risk management and medicines. Risk management plans were person-centred and contained information in relation to equipment and method, including pictorial guidance for staff to follow. Risk reduction measures were reflective of individual need. Medicines management was safe as staff were able to explain the process in detail and audits ensured effective oversight was in place.

People told us they felt safe with care staff, and we were confident staff knew how to recognise safeguarding concerns and what action to take in the event of having such a concern.

However, we did find some issues with call times from both the recipient and staff perspective. This was not across the whole service but some people felt staff were often late and problems only usually arose in the absence of their regular care assistant. This showed much of the care delivery was consistent but covering absence needed further consideration. Staff had a mixed experience where some felt their workload was appropriate but others felt rushed, with little time to travel between calls. Most staff told us they stayed the full duration of the call and analysis of call times confirmed this. We recommend the registered manager reviews the rotas to ensure staff have sufficient time to complete the required tasks and travel between calls.

The registered manager displayed a sound knowledge of current practice based on a number of sources and

was keen to maintain this. This was enhanced by the provider who also took a pro-active approach to ensuring knowledge and policies were current.

Staff received an induction, supervision and training and people felt staff were confident in their duties. Staff felt their colleagues were supportive of each other.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had appropriate nutritional support and were supported to access other services as required if their needs changed. We saw some pro-active involvement by the service when one person's mobility changed.

We found people spoke positively of the care staff, describing them as kind and friendly. There was evidence of some strong relationships between people and care assistants, and compliments we read reinforced this view.

People felt and were engaged in the process of designing and agreeing their support plans, and these were regularly reviewed to ensure they reflected current need. People told us their preferences were obtained and these were respected, such as with the gender of care staff.

Everyone told us their privacy and dignity were promoted.

Care records were accurate and reflected people's needs, providing staff with an overview of the person's needs. Daily records showed sufficient detail to evidence appropriate care delivery.

Complaints were handled with an apology, and full investigation of which the outcome was shared with the complainant. People knew who to approach if they had any issues and were confident they would be resolved.

The service had a registered manager who had developed the service and addressed the issues we found at the last inspection. The quality assurance systems meant records and people's experiences were regularly evaluated and practice checked. The issue with call times was agreed for further consideration by the registered manager and provider to ensure service delivery was as robust as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were some issues with people receiving late calls, and staff said rotas were changed at late notice with insufficient time between calls.

People felt safe with care staff who were aware of safeguarding reporting procedures and we saw lessons learnt were integrated into practice meetings.

Risk management was person-centred and ensured measures were in place to reduce the likelihood of harm. Medicines were managed safely and competency assessed.

Is the service effective?

Good

The service was effective.

People felt staff were competent and supervision and training was up to date.

The requirements of the Mental Capacity Act 2005 were met and staff supported people appropriately with accessing other services if necessary.

Nutritional support was in line with people's preferences and the registered manager displayed a sound knowledge of current best practice.

Is the service caring?

Good

The service was caring.

People said staff were kind and caring, and ensured their needs were met.

People spoke of how their independence and involvement was promoted and encouraged.

Privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care records showed a person-centred focus and a consideration of the person's wishes. Records reflected current needs.

Complaints were handled thoroughly and always acknowledged. Compliments were shared with staff.

Is the service well-led?

Good

The service was well led.

People and staff all felt able to speak to the registered manager.

Communication between office and community staff was evident and showed the service was responsive to any issues.

Quality assurance systems provided an effective toolkit for evaluation but further work was needed around the timing of calls to ensure people had improved consistency and staff felt supported by having reduced caseloads.

Croft Care Services

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 site visit took place on 17 July 2018 and was announced. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. Following this we made telephone calls to people who use the service and/or their relatives, and spoke with care staff between 19 and 24 July 2018. The inspection team consisted of two adult social care inspectors who visited the office, an expert by experience who telephoned people using the service and an assistant inspector who made telephone calls to staff.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with seven people using the service and three of their relatives. In addition, we spoke with eight staff including six care assistants, the registered manager and the provider.

We looked at seven care records including risk assessments in depth, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to risk management and medication. During this inspection we checked to see if improvements had been made.

People told us they felt safe with the care staff who visited from the service. One person told us, "Safe? Oh yes, I've been with them one year. I trust them." Another said, "Very trustworthy. If there's something wrong, they report it." A further person told us, "I feel safe. They are very good at their jobs; I haven't had a bad one yet." One relative told us, "Yes I feel safe. My [relation] is very happy."

All staff we spoke with knew how to recognise and report safeguarding concerns such as psychological or financial abuse and we found responses to concerns raised were appropriate. Full investigations were undertaken alongside liaison with the relevant authorities and measures implemented to reduce the likelihood of further incidents.

Some people spoke with us about issues of cover if their regular care assistant was not available. One person told us, "My regular is brilliant. Problems come when I don't have them." Another said, "Been with them five years. The odd occasion they've been late and odd times when times have been altered and I've not been informed. I should be informed. They've never left me out. I more or less know all the staff."

One relative also said, "We have them six days, twice a day. Not always on time." Another relative said it was difficult not knowing what time care staff would arrive as they did not have a rota in advance. A further person did say if they phoned the office they would be told who was coming. However, another person also stated they did not know who was coming.

However, one person told us, "They're reliable. It runs like clockwork. Not too bad at the weekend, they do try." Another said, "They ring if there's any problems and they're going to be late. They've never forgotten me." A further person shared, "Yes, I feel safe, I trust them and I'm very involved. I had an initial assessment. I have an emergency out of hours number. I only rang the office once when the carer was late. They were supposed to come at six and I rang at eight pm. They sorted it in the end." One relative told us, "It's working alright. Once or twice people haven't turned up but they're quite apologetic on the phone." Another relative told us, "At weekends they are sometimes short staffed. They are occasionally late, but they ring up."

Staff also had mixed views. Some said they cared for the same people regularly and were rarely asked to provide cover. But others advised of late and changing rotas. One care assistant said, "Staff work 11 hours without breaks on occasion and nothing is done." They also said rotas were given in advance but sometimes only by a day and they did not always follow a consistent pattern of calls, nor was there always sufficient travel time between calls. Some care staff admitted to not staying the full length of call time to allow them to see everyone on their shift. Another care assistant stated, "I do have regular clients but we can't always complete everything in the time we have. It's a big rush." However, others said they preferred to be late, letting people know, rather than rush the support they gave.

All staff we spoke with said they were allocated four minutes between calls regardless of geographical location. One care assistant said they had calls up to 20 minutes travelling time apart, but also said their rota was 'well planned'. They said they "felt rushed but would stay extra if needed to." The registered manager advised staff tended to work in geographical patches but some did travel further afield, and they themselves had supported with care delivery in the event of illness.

We sampled a selection of records to check call duration against commissioned care needs and found care staff did usually stay the required length of time, and in some cases, over the duration. People's preferred call times were noted and the service did try and meet these where ever possible. However, some people had inconsistent call times and the registered manager agreed to look at these in more detail to see if there was any scope to promote greater consistency. We did not find any significant impact on people apart from the uncertainty. The service also had statistical data which showed slow improvement in terms of calls being met within the required 30 minute timeframe. We recommend the registered manager looks in more detail at call times and the number of calls staff are expected to complete based on distance between calls to ensure these are realistic.

We asked staff who visited people who needed two care staff whether this was arranged. One care assistant said, "It varies if we know in advance but if someone needs two people it is arranged. We wouldn't move someone on our own." Another care assistant verified this and said, "We always have two staff allocated." We checked daily records and found in those we sampled there were always two signatures showing two care staff had visited where this was required. We also asked whether people who had four visits a day had adequately spaced visits and were told usually they were.

We looked at staff recruitment records and found appropriate checks had taken place, including checking gaps in employment history. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked at risk management. People told us they had an initial assessment to discuss their care needs and their preferred support plan. One person spoke of an issue with moving and handling but this was quickly resolved. Another person explained, "We had an assessment at home. A good talk about how they could help." One care assistant spoke about a recent issue where more staff were needed. This was resolved.

Accidents and incidents were minimal, most of which related to staff slipping on ice in the poor weather. Falls risk assessments and prevention plans were in place for people who required these. Where people using the service were involved, appropriate referrals to other agencies such as 'My Therapy' had occurred. Risk assessments for people who required assistance with transfers using equipment were detailed and provided key information about the equipment and method of transfer to minimise the risk of harm including diagrammatic guidance for staff. An environmental risk assessment was also completed to ensure staff were able to carry out their role safely within the person's home. The risks were identified and control measures noted to ensure support was offered and provided with the minimal likelihood of harm.

We checked medication procedures and staff knowledge. One person told us, "Carers do medication. They're in blister packs, they write it in the folder." Another person said, "They prompt me with my tablets and I take them. They write it in my folder." A further person who self-medicated stated, "They are hygienic, they wear gloves. I do my own medicines. They write it in the care plan because I look." Another person also told us staff wore personal protective equipment.

Staff were able to explain key elements of the medication administration procedure and stated they had recently been observed in practice, checking for both medication and infection control competency. We saw evidence of these medication competencies. They knew what action to take if they found any medication issues. One care assistant had raised how a change to the rota had affected a person's medication and this had been looked at. Another care assistant told us how they had had a full day's training on medication during their induction. The registered manager advised how any changes to medication were checked with a pharmacist if the changes were mid-cycle.

Good

Is the service effective?

Our findings

At the previous inspection we found a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service not meeting the requirements of the Mental Capacity Act 2005. During this inspection we checked to see if improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

One care assistant told us, "I get to know people and always ask their permission." Another care assistant said, "I always ask them before I do anything and inform them of what's coming next." A further care assistant said, "I encourage people to choose their own meal, clothing and drinks. It's always about giving people a choice." Staff were unclear in their explanation of the implications of the MCA but none we spoke with supported anyone who lacked capacity. The examples they gave around their practice provided reassurance they would seek to work in people's best interests. The registered manager displayed a sound understanding of the requirements of the MCA and the process they would follow in the event a person lacked capacity.

One person said, "They understand my needs well and do what's necessary. They know what they are doing. New staff shadow the regular staff. They have time to chat with me as I've got times allotted for chatting. It's longer in the morning. I've got no concerns about staff." Another person told us, "So far, staff are skilled and the help I do need they are proficient at. They know me and what my needs are well." A further person said, "They are very good at their job, haven't had a bad one yet. I'm not very good; they always ask me what I can do and work around me. They understand my needs."

One relative told us, "They come four times a day and do lunch, tea and supper. They are good and understand our needs. My [relation] has problems with speaking but they've all got used to them now. We are getting the care we need." The registered manager told us about one person who had thickener in their drinks to reduce the risk of choking and another person who received nutrition through a feeding tube, for which staff had received necessary training.

Staff said they received an induction including completion of the Care Certificate by staff who were new to care, regular supervision and training. The induction was brief but it covered all required areas and staff were supported to shadow colleagues before commencing care alone. One care assistant told us, "We have supervisions a lot and I always voice concerns. They do something about it most of the time. I do feel

supported."

Staff said most of the training was online but they would prefer more face to face. Training was up to date in all areas for most staff and where there was a shortfall, there were explanations given such as the staff member was off sick or on maternity leave. Moving and handling training was practical. All staff were confident in knowing their role and understanding what was expected of them. Staff were also observed by senior staff on a regular basis while supporting with care to ensure they were performing their role correctly. This included reflections on their interactions, punctuality, procedures followed including medication and moving and handling support. If no issues were found, this positive feedback was shared with staff to aid motivation.

One person said, "If I was ill, they'd get a doctor for me." Another person also told us, "I sort my doctor out but if I was poorly they would get me one." One care assistant told us they would call the GP if needed and another said, "We contact district nurses if needed. We collect prescriptions so we're really involved in people's health care." We saw evidence of where care staff had raised concerns about people's abilities such as a change in mobility and saw the correspondence with other services to arrange re-assessments and equipment as necessary.

The registered manager displayed current knowledge around best practice in social care and advised us this was obtained through a variety of means. They attended regular meetings with other domiciliary care managers, had feedback from the registered providers' forum, regularly reviewed updates from the Care Quality Commission, the National Institute for Health and Care Excellence (NICE) and other sources of key policy information such as the UKHCA, UK Home Care Association.

Good

Is the service caring?

Our findings

People spoke positively of their care staff. One person told us, "We have one carer who's more or less regular. Brilliant; would do anything for us." Another person said, "My regular carer understands what I need. They are kind, caring and compassionate. They know what they are doing." A further person said, "My carers are friendly, helpful, kind and caring. They respect my privacy and dignity. They always keep me covered." Another person also stated, "They help me with personal care and always keep me covered and ask permission to help."

One relative said, "They are friendly and we get on with them all. My [relation's] happy. They're quite helpful and chatty." Another relative told us, "Most of the ones we've had are very caring, understanding and friendly. They come four times a day. They treat my [relation] with dignity and respect; they are very good that way." A compliment received by the service also stated, "Carers are fantastic and they are delighted care staff go above and beyond. We wish we had arranged this a long time ago as we've got the best care going."

One person also spoke with us about how care staff encouraged them to do as much for themselves as possible, "My regular carer is very good, excellent. They push me a bit and will say, "Come on, you've got to make an effort". They understand I find it hard sometimes to get going. They are reliable. They suggested I get a grabber I case I drop anything. I did and it's really helped." A different person said, "In the morning they get me up. They are caring, kind and compassionate, and they work round me as I'm not always good."

Another person stated how much their care assistant helped them, "My regular carer is excellent. They're caring and kind; they always look out for me. If there's any problems, they get things sorted." A further person said how much they appreciated their input, "They care about me and do what's necessary. I do think I receive person centred care." We saw a compliment received during a person's six week telephone review stated, "Carers are wonderful, kind and considerate. I can't fault them."

All staff told us about how they saw their role as supporting a person's independence. One care assistant said, "My priority is keeping people independent and letting people do things for themselves as much as possible, such as washing themselves even if it takes longer." Another care assistant told us, "I try to promote independence wherever possible. I speak to people to find out about them and to gain their trust." A further care assistant said, "They ask me to do extra things like wash their hair and I do this. I show them, talk to them and encourage them. I've one person who was very quiet at first but now they don't stop talking to me!" Other comments included, "It's important to know what people can do by themselves. I try to encourage them to do as much as they can."

We asked people if they had a choice relating to gender of care staff. Everyone we asked stated they had been given the choice and that this was respected. People also felt involved in the care planning. One person told us, "I'm involved in my own care. I would say it was person centred." Another said, "I can look at my care plan. They sign it and we should counter sign it. I'm involved in my care meetings." A further person said, "I'm involved in my care as are my family." We saw each person's care records identified their

preference for gender of care staff.

The registered manager advised no one receiving care at the time of the inspection had specialist communication needs but they advised us of a range of options they would use of necessary.

Good

Is the service responsive?

Our findings

One person told us, "I'm involved with my care and care planning." Another person said, "They help me if I need things doing. They check to see if I have the things I need." Most people we spoke with said they did have annual reviews. One relative said, "[Name] who does the care plans comes to see me to see how things are going."

We asked staff how they knew what was important to people. One care assistant said, "One person I visit loves football so I make sure I read the paper before I visit so I have something to say to them. I get to know them as people and make sure I support them how they wish." Another care assistant told us, "I know people very well. We get on very well and have a bond. I read everyone's care plans, but I find they don't always correspond with what people want." A further care assistant said, "I see them every day, and I always read their care plans as people's needs often change. When this happens, we inform the office but we get to know people very well."

We looked at care records and found they contained all necessary information. Key contact details were readily accessible and an overview of a person's support needs provided instant guidance for staff. Also included was a pen portrait providing information about a person's lifestyle, previous career and family connections along with an outline of their health concerns. The overview support plan outlined people's needs in relation to mobility including whether they used equipment, medication, physical and mental health, communication and nutrition along with other areas of personal care. This information was recorded to reflect the individual and how they may vary on a daily basis. Records were signed by the person where they had the capacity to do so.

Each need had a corresponding task-based support plan outlining how staff were to support the person with the specific requirements such as nutrition or personal care. Again, these reflected people's individual situations.

We saw daily records were audited on a monthly basis and this enabled the registered manager to provider positive feedback to staff alongside discussing any practice issues. However, we noted no analysis of actual call times was done and the registered manager assured us this would be implemented immediately.

We asked people if they knew how to complain. Everyone we spoke with was aware of the contact details. One person said, "I know how to complain but I've never had to. I can talk to the manager if I have any worries, they will help me if they can." One relative told us, "If we've got a complaint, we ring the manager. The number's in the book."

We also asked if anyone had complained, and if so, if they were satisfied with the outcome. One person had raised some issues about consistency of care staff and had spoken with the registered manager about this. They felt the issue was addressed in part although they said they had not had an annual review for some time. Another person said, "I know their number. They review my folder every six months. I had to tell them in the office they are always on mobiles." We spoke with the registered provider about this and they advised

this was because staff accessed their rotas on them although they did agree a reminder would be sent to all staff to ensure they explained what they were doing on them. A further person did tell us, "If there's a problem, they are quick to sort it out. If I need help with something I ring the office. I can talk to the staff."

We found any issues were looked at on an individual basis and analysed according to the main concern. Actions taken following such concerns including late calls or poor communication included a full investigation and any learning points were logged and evidenced by discussions in supervisions and team meetings. All complainants had received a letter of apology with the investigation outcome. The registered manager said their focus was on communication as this was a common concern in many issues.

We saw the service had received compliments which included comments such as, "very efficient", "service very good", "have regular care staff" and "excellent." Other themes included, "care staff are brilliant", "kind and friendly", "we could not have wished for better care staff" and "nothing is too much trouble and staff are always happy to help." Where specific care staff were mentioned by people using the service or fellow professionals, this was always shared with that staff member including a photograph of the card if one had been received.

Good

Is the service well-led?

Our findings

Most people we spoke with felt happy with the service they received and knew who to contact in the office if needed. One person said, "It's a well run service. They never forget me, someone always comes." Another person told us, "I've no concerns about the staff and I think it's well led." A further person echoed this comment, telling us, "I can talk to the manager, [name], if I have any problems and they sort them out."

One relative said, "If something crops up, I can ring the manager and they are quite helpful. We've filled a few questionnaires over the years." Another relative told us, "The manager is easy to talk to. If I've got any problems I can ring the manager; their number's in the book."

Most people and relatives we spoke with said they completed questionnaires to review the service and offer their feedback. However, one person told us, "I do get questionnaires but things haven't changed much." They did not indicate how they wished things to change. The results from May 2018 showed most people (38% response rate) knew how to contact the office, they had regular teams of care staff who were polite and people were involved in their care plans. However, there were issues with complaint satisfaction and time of calls as 52% of people who responded said care staff were late. The survey was audited and an action plan was created which considered time management, communication and continuity. It stated rotas had been reviewed to ensure times matched commissioned call times and these would continue to be reviewed. In addition, communication was being improved so co-ordinators informed people if care staff were running late and continuity was being addressed by continual recruitment and retention initiatives. The registered manager agreed this was an ongoing piece of work and would develop systems to better analyse the timing and consistency of calls.

There was a registered manager in post. Some staff spoke positively of the management of the service. One care assistant told us, "It's improved since the new manager arrived." They had been in post since the previous inspection. They said, "Incidents and issues are taken seriously. They're good." They also said they would recommend the service to others. All staff felt able to speak up and told us there were no issues with bullying or harassment. Another care assistant said, "It's got better from when I first started (3 years ago) but we still have issues such as extra calls sneaked in."

We found evidence of staff meetings. These included the opportunity to discuss compliments, staff not logging in/out of calls with the electronic monitoring system and practice issues including risk management and infection control. In addition to care staff meetings there were care co-ordinator and management meetings where policy and procedure changes were discussed and any lessons learnt from incidents were shared. There was evidence of rotas being considered based on staff feedback about the issues they faced. Action points had time scales to ensure tasks were completed. There was also evidence of letters and memos sent to staff regarding changes to care plans, visits or medication in addition to their supervision and appraisal times.

We asked staff about out of hours arrangements and were told there was an on call number and this was always answered. There were also daily logs of issues such as people not answering their door or staff

running late. We saw evidence people had been contacted and action taken if there were concerns and apologies offered if staff were running late. Any such concerns were logged on people's own notes to ensure staff could see what action had been taken.

The registered manager had a missed calls log which showed only four calls in the last six months had been missed. Each had been investigated and apologies offered. Some were due to misunderstood communication such as family cancelling a call without the person's knowledge or where it had been impossible to cover due to staff sickness. Supervision had occurred with staff where necessary.

We asked staff if they liked working for the service. One care assistant told us, "It's OK. I like being busy all the time but I think they take too much on." Another care assistant said, "I suppose I would recommend it as all care companies are the same. We could do to have more carers definitely but they just can't get anybody."

The registered manager stressed their vision was for a good service where quality was the focus. They were aware where improvement was needed in regards to call times and explained the actions in place to address this. Since they had arrived in the service they had focused on establishing key systems and procedures, and developing a stable staff team.

The service had a number of quality assurance processes in place. These included the surveys of people who used the service, care reviews, detailed and regular analysis of any complaints and compliments, and monthly audits of daily and medication records. This cumulative assessment of service delivery helped provide an overview of how the service was performing and was shared with commissioners and staff alike.

Partnership working was evident in positive relationships between GP practices and district nurses, and other specific clinics such as the warfarin clinic where regularly updated information was exchanged.

The previous inspection ratings were on display in the office as required under legislation.