

Croft Carehomes Limited

Croft Care Services

Inspection report

31 Castleford Road
Normanton
Wakefield
West Yorkshire
WF6 2DP

Tel: 01924220163
Website: www.croftcareservices.co.uk

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection of Croft Care Services took place on 24 August 2016. We previously inspected the service on 12 November 2015, at that time we found the registered provider was not meeting the regulations relating to safe care and treatment, supporting staff and good governance. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Croft Care Services is registered to provide personal care. Care and support is provided to people who live in their own homes within the Wakefield area and the locality of south west Huddersfield. On the day of our inspection 217 people were receiving support with personal care.

The service had a registered manager in place. 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.

Staff we spoke with were able to tell us what action they would take if they were concerned a person was at risk of harm or abuse however, not all staff had completed refresher training in this topic. When we spoke with a relative they told us about a potential safeguarding incident which had not been reported to either the local authority safeguarding team or to the Care Quality Commission (CQC).

Not all staff had completed training in medicines, there was no evidence staff's competency to administer medicines was assessed and no audits were completed on medicine administration records. We looked at the medicine records for eleven people and found they did not provide a clear and accurate record of the medicines staff had administered to people. The risk assessment for one person had not been updated since 2005. This demonstrates a continuing breach of Regulation 12 (1) (2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2011.

People who used the service said staff did not miss their calls and the regular staff turned up on time. Staff told us they usually provided care to a regular group of people although staff said they often did not receive their rota until Sunday, to commence on Monday morning. We saw systems were in place to ensure pre-employment checks were completed on potential employees.

There was a system in place to support new staff. Where staff required refresher training the time frames specified by the organisation were not adhered to. The provision of ongoing supervision and performance management for staff was not consistent. This demonstrates a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2011. Regulation 18 (2)(a)

Where people were living with dementia, there was no evidence of either mental capacity assessments or best interest's decision making. Where family members had signed to consent to the care and support of

their relative, the reason for this was not evident.

People who used the service told us staff were caring and kind. Staff took steps to maintain their privacy and dignity, such as closing doors and curtains. Staff also offered people choices, for example what they wanted to eat and drink. We saw evidence people were encouraged to maintain their independence where possible.

People told us their needs were assessed by Croft Care services prior to any care being provided. People said they had care plans but not all the staff we spoke with said people's care plans were up to date. The office manager confirmed the service was behind with reviewing care plans but a plan was in place to address the shortfall.

There was a system in place to manage complaints however; we saw two issues which had not been logged as complaints due the registered manager not being aware of them.

When we reviewed care plans and people's daily records we found inconsistencies and we were not always able to ascertain the exact care and support someone needed from the records. Daily logs and MAR sheets were not returned to the office in a timely manner.

During our inspection we found evidence regulatory breaches identified at our inspection on 12 November 2015 had not been addressed. We were unable to evidence a robust system of governance was in place and the registered manager had not been provided with a record of the assessment and feedback from the registered provider. Despite an audit being completed by an external consultant and enforcement action taken by CQC following our last inspection the registered manager said there was no action plan in place to monitor the organisations performance in addressing the issues identified. This evidences a continuing breach of Regulation 17 (1) (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our findings at this inspection and a failure to ensure previous failings had been addressed evidenced the registered manager had failed to ensure people received safe and effective care.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Issues identified at our previous inspection had not been addressed.

Not all staff had updated their safeguarding training.

We saw one person's care plan which had not been updated to reflect their current moving and handling needs.

The management of people's medicines was not always safe.

Pre-employment checks were completed on potential candidates to ensure they were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff training was up to date and the supervision of staff was not consistent.

Where people lacked capacity, a mental capacity assessment had not been completed by the service.

People were supported appropriately with eating and drinking.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

People were supported by regular staff who knew them well.

Staff respected people's right to privacy and took steps to maintain their dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

When the service accepted new people, a welcome visit was arranged to enable staff to gather information required for their care plan.

Care plan reviews were not up to date.

There were inconsistencies in the content of peoples care plans.

Not all complaints were brought to the attention of the registered manager.

Is the service well-led?

The service was not well led.

Regulatory breaches identified at our previous inspection had not been addressed.

There was no evidence of a robust system of governance.

The registered provider had failed to display the ratings from the previous inspection.

Inadequate 

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 took place on 24 August 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of two adult social care inspectors and a pharmacy inspector.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was not available for this service. 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. On this occasion we had not asked the provider to complete this document.

During our visit we spent time looking at ten people's care plans, we also looked at ten records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager, office manager and a member of the administration team. Following the inspection we spoke with one senior carer and ten care staff, eight people who used the service and fourteen relatives of people who used the service on the telephone.

Is the service safe?

Our findings

When we spoke with people who used the service, all but one person told us they felt safe.

Staff we spoke with were all able to tell us about different types of abuse and potential signs which may indicate possible harm or abuse. For example one staff member told us, "They (person) may be quiet or act out of character." Each of the care staff we spoke with told us they would record and report any concerns to their manager. The registered manager told us in the event of a safeguarding concern being raised; they would investigate the concerns as well as report the matter to the local authority safeguarding team and make a statutory notification to the Care Quality Commission (CQC). The office manager told us in the event of the registered manager not being available, then they would make a referral to the local authority safeguarding team, however, they were not aware of the legal requirement for any abuse or allegation of abuse in relation to a person who used the service to be promptly notified to the commission. We were concerned this may result in a delay to the CQC receiving notifications. Following the inspection, the registered provider notified us that all safeguarding alerts were discussed with themselves and they would therefore ensure all relevant notifications were submitted to the CQC in a timely manner.

We saw from the staff training information provided by the registered manager, safeguarding training was to be refreshed every two years. Of the 110 staff listed, 14 staff had not refreshed their training within this timeframe, six of whom had gone over two and half years. Our previous inspection on 12 November 2015 had also recorded that 12 of the 65 staff had not refreshed their safeguarding training for over two years. This showed there was not an effective system in place for ensuring staff training was updated in a timely manner. This also meant there was a risk not all staff had up to date skills and knowledge to enable them to keep people safe from harm and the risk of abuse.

When we spoke with the relative of a person who used the service they told us they had reported a safeguarding incident to the registered manager earlier in the year, they said the registered manager had told them they would investigate. The relative explained that during a recent discussion with a social worker, they had told them about this incident but the social worker was unable to find any record of the matter on their database. Following the inspection we spoke with a member of the local authority safeguarding team who confirmed they were now aware of the allegation and were looking into it. We also checked our database but found no evidence the registered manager had reported the incident to us. We asked the registered manager about this and they said, in hindsight, they realised they should have reported the incident. As we had evidence of other matters previously being reported in line with the 2009 regulations we were satisfied this did not justify a breach of regulation.

Our inspection on 12 November 2015 found the registered person was not meeting the regulations regarding safe management of people's medicines; at this inspection we still had concerns.

We asked staff about their medicines training. Each of the staff we spoke with told us they had completed online training but only two of the staff we spoke with said their competency had been assessed by a more senior staff member. When we asked one staff member they said the registered manager had recently

completed an observation of their practice but an observation of their competency with medicines was not done as the registered manager had administered the person's medicines. Another staff member told us they had been employed for approximately three months, they confirmed they administered people's medicines but said no senior staff had assessed their competency to perform this task.

We saw from the registered provider's medicines policy, 'Competency will be assessed by the senior team every two years unless otherwise needed and formal training will be refreshed every three years unless the senior team deem it to be necessary more often'. We saw from the staff training information provided by the registered manager, of the 110 staff listed, six staff had not completed this training. This included two staff we had highlighted at our previous inspection on 12 November 2015. We saw an 'observational / competency spot check form' for two staff this had a section for assessing staffs medicine competency but it had not been completed on either of the forms. We saw no other evidence that staff's competency was robustly assessed to ensure they had the knowledge and skills to administer peoples medicines safely.

We looked at the medicine records for eleven people who used the service. We found the records did not provide a clear and accurate record of the medicines staff had administered to people. For example, one person was prescribed a blood thinning medicine. Due to the nature of this medicine, the dose can often be changed by medical staff. From the records shown to us, we were unable to see what dose was due or whether the correct dose was administered. We asked the registered manager to take prompt action to improve the records regarding this. It is important to ensure the records evidence the medicine was administered as prescribed. A failure to administer the correct dose of this medicine can have potentially serious consequences on the health of the person.

We found a number of concerns regarding one person's medicines. Staff had hand written a medicine on the MAR but there was no record as to the strength of the medicine or if staff should administer one or two tablets at a time. This person was also prescribed a cream, the record stated 'as required' but we saw no other instructions, for example where the cream should be applied or under what circumstances. Where there is a lack of adequate details about how a medicine should be administered increases the risk staff may administer the medicine incorrectly. The registered manager told us staff would report any missing medication to the office, a record of this and other relevant actions taken would also be noted. We saw care staff had recorded on the daily log, 7 June 2016, they 'couldn't see any co-codamol'. We saw nothing further in daily records until 10 June 2016 where staff recorded they had 'found 2 tablets in a drawer' and a 'further 2 found in a pack at 21:50, asked chemist to check the amount sent as she's run out'. On 19 June 2016 an entry read 'Unable to give night time medicines as none been delivered again'. We saw no evidence the person received their medicines until lunchtime, 21 June 2016. Failing to ensure people receive their medicines, as prescribed to them, can affect people's health and well-being.

One person had been prescribed a course of antibiotics. The records indicated 21 tablets were received and 'one to be taken three times a day'. There were three gaps on the MAR where staff had not recorded if the antibiotic had been administered. There were only 6 staff signatures to indicate the antibiotic had been given and then staff had recorded the course of antibiotics was 'completed'. This meant we could not evidence this person had received the full course of antibiotic medicine as prescribed.

The registered manager told us an office based administrator audited peoples Medication Administration Records (MAR's). When we spoke with the administrator they said they did not audit the MAR charts. Audits enable organisations to identify errors, concerns and areas for improvement to ensure they are working to continuously improve the services they provide for people.

These examples demonstrate a continuing breach of Regulation 12 (g) of the Health and Social Care Act

Our inspection on 12 November 2015 found the registered person was not meeting the regulations regarding safe care and treatment. At this inspection we reviewed two care plans where we had identified the records were insufficient during our previous inspection, we found both these care plans now included details as to how the person was to be safely moved using a hoist including how the sling should be fitted. The registered manager told us the new documentation they used included details about aids and equipment needed to support peoples moving and handling needs.

However when we looked at the service user questionnaires from November 2015 we saw a relative had written, 'care plan way out of date'. We asked to see the care plan for their relative, and found a document entitled 'personal plan' dated 12 January 2005. This indicated the person required support on a Saturday and Sunday lunchtime. We asked the registered manager what level of support the person now received, they said the person received care each morning and required the use of a hoist for all transfers. This meant the risks to the health and safety of this person had not been assessed and an accurate and complete record of their care and support needs had not been maintained. This demonstrates continuing breach of Regulation 12 (1)(2)(a)(b) and Regulation 17 (1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In each of the care plans there was a generic risk assessment which covered the external and internal environment and risk associated with aspects of the persons care and support needs. In one of the care plans we reviewed the person had been identified as being a high falls risk, therefore a falls risk assessment had been implemented. This meant steps were being taken to ensure this aspect of peoples care and support was provided safely.

We asked three staff what action they would take in the event a person did not answer their door at a scheduled call and they were unable to gain entry. Each one told us they would contact the senior staff on call, for advice and the senior staff would try to contact the person's family. We also asked what they would do if they found a person had suffered a fall. They explained the circumstances under which they would help the person to get up and where they would call for extra support, for example, the GP or an ambulance. This showed staff were aware of the action they should take in these circumstances.

People told us staff did not miss their calls and the regular staff turned up on time. One person said, "Lately we get regular staff, I think that is so important." A relative said, "They turn up and don't miss." Other relatives said their regular staff turned up on time but the weekends could be problematic. The office manager showed us the registered providers electronic call monitoring system, they explained this logged peoples calls and raised an alert in the event staff failed to arrive within the specified time frame. This showed there was a system in place to reduce the risk of people not receiving their allocated call.

Staff told us they usually provided care to a regular group of people but staff said they often would not get their rota until Sunday, to commence on Monday. One staff said, "I get my rota on a Sunday for the following week, but sometimes I only get the rota for Monday and the rota for the rest of the week comes on Monday." A further comment was, "I am fed up, not knowing what I am doing, not getting the rota on time. You only get it (rota) late Sunday before you find out what you are doing." Another staff member said the office staff would sometimes add a call to their run without telling them.

We spoke with a member of staff who had recently been recruited and they told us when they applied for the position, they had attended the office and had an interview. When we looked at the recruitment records for ten staff we saw evidence potential candidates had completed an application form and a record of their

interview was retained. References and a Disclosure and Barring Service (DBS) had also been obtained before they started work. We saw one staff member's DBS was dated, March 2013, we asked the registered manager if staff DBS were routinely reviewed. They said this should have been checked in March 2016 and they would ask a member of the office based staff to do this. Although it is not mandatory that these checks are renewed, on-going monitoring of staff DBS checks helps to ensure staff remain suitable to work with vulnerable people.

Is the service effective?

Our findings

None of people we spoke with raised any concerns regarding the capability of the staff. One relative said, "They (staff) are very good, they know what they are doing."

Our inspection on 12 November 2015 found the registered person was not meeting the regulations regarding supporting workers. At this inspection we found although improvements had been made to evidencing the induction process for new staff we still found supervision of staff to be inconsistent and we had concerns regarding some aspects of training.

We spoke with three staff members who had been employed for less than a year. They all told us they had received an office based induction, completed online training in a range of topics and they had shadowed more experienced staff for a couple of shifts. One staff told us they were still doing 'double up' calls and not working on their own as they needed to gain more confidence. This showed new staff were being supported in their role.

Staff told us the majority of their training was completed online but there was a practical element for the moving and handling which was delivered by the registered manager. One member of staff said, "Some of the training is for care homes, it isn't always specific to what we do." Another staff member told us about a person they supported who had been supplied with a piece of equipment they had not used before. They said they telephoned a more senior person for advice and they explained what to do over the telephone but they had not been provided with any practical training. They also said "I've not had a practical moving and handling since I started, I've been here nearly three years." When we checked the training matrix, this recorded the staff member had completed training in June 2015 and we were also provided with a copy of their training certificate.

We saw from the staff training information provided by the registered manager, of the 110 staff listed, 16 staff had not refreshed their moving and handling training within the annual timescale as indicated on the training information, five staff had gone over eighteen months since they last completed the training. Our inspection on 12 November 2015 had also recorded that 22 of the 65 staff listed had not updated their moving and handling training for over fourteen months. This showed there was not an effective system in place for ensuring staff completed relevant training in a timely manner.

The registered manager told us they checked the staff training matrix 'regularly' and they had last checked it two weeks ago. We were not provided with any evidence either during or in the days following the inspection which evidenced a pro-active approach to addressing the shortfalls we had found in regards to staff training, supervision and performance management in this and our previous inspections.

We found staff were completing tasks for which they had received no formal training. For example an office administrator had been asked to audit people's MAR charts but we saw from the training records they had not received any formal training in medicines management and the registered manager confirmed this to be the case. The office manager said they were completing care plan reviews for people as the organisation

was behind schedule. They told us their professional background was office management but they had worked for a number of years within health and social care settings. We asked if they had received any training with Croft Care Services and they told us they had not. This meant staff were not sufficiently supported by the provider in their professional development to undertake their job roles effectively.

Some people required a urinary catheter or a conveyer to support their continence needs and the registered manager informed us that they provided instruction to staff about this. We asked the registered manager when they had last completed formal training in this topic and they said, "Five years ago, may be longer." We found from inspection that there were no training materials available and no record of the training or the content of the training delivered. This meant we could not be assured staff had up to date knowledge and skills in this area, based on current good practice.

Supervision and checks on staff performance were also inconsistent. One staff member said, "It's (supervision) not as regular as we'd like. I think I have only had one this year. Some girls have said they have asked for one (supervision) but they haven't had one." They added the registered manager had completed their spot check, they said the registered manager had been covering a shift due to another staffs sickness and had therefore completed their performance check. Another staff member said "I've had plenty (supervision); I had one in the last couple of months." When we asked when they had last had a performance check they said, "I've not had that done in a long time, possibly twelve months since." A third member of staff also told us their last supervision had been in 2015 but the registered manager had just done their performance check whilst covering staff sickness. Ensuring staff receive regular, planned management supervision to monitor their performance and development needs helps to ensure they have the skills and competencies to meet people's assessed needs.

These examples demonstrate a continuing breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We saw from the staff training information provided by the registered manager, of the 97 staff listed, 27 staff had not completed this training. Our inspection on 12 November 2015 had also recorded that only 46 of the 65 staff had completed this training. This showed there was not an effective system in place for ensuring staff completed relevant training in a timely manner. This also meant there was a risk all staff may not fully understand their role and responsibilities under this legislation.

We asked three staff about their understanding of the MCA and they were able to explain this was about people's ability to make decisions. One staff said, "It's about decision making. I talk to them, explain." We asked the registered manager, where people lacked capacity regarding specific decisions, if capacity assessments were completed. They told us capacity assessments were completed by the local authority, no capacity assessments were completed by Croft Care Services.

We reviewed the care plans of two people who were living with a diagnosis of dementia. The care plan for one person recorded staff were to support them with their medication 'as I would forget to take my medication'. The care plan for the second person recorded their medicine was kept in a locked safe which staff could access. There was no evidence of a mental capacity assessment or the best interest's decision

making process. In order to support people living with dementia to make decisions, staff need to establish whether the person has capacity to make decisions and identify when decisions need to be made on behalf of the person and in their best interests. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

Care plans contained a section for people to sign their consent to receiving the care and support as described in their care plan. In one of the care plans we noted this section had been signed by their relative although the reason for this was not documented. If a person has capacity to consent or refuse, nobody else can consent on their behalf. If they have capacity but due to physical disability are not able to sign, someone can sign on their behalf, in their presence. If the person lacks capacity to consent, then nobody should sign a consent form unless they have specific legal powers (health and welfare lasting powers of attorney, Deputyship) to do so.

Decisions made on behalf of a person who lacks capacity must be recorded and provide evidence that these have been taken in line with the requirements of the Mental Capacity Act 2005 and their associated Codes of Practice. This demonstrates a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with one person who required support with their meals, they told us "I get it (meal) out of the freezer and they (staff) microwave it and serve it to me." Another person said, "Staff brew my tea and get my breakfast." One of the staff told us they supported a person who had diabetes and therefore their family ensured their meals and drinks were appropriate. Where people required support with eating and drinking this was recorded in their care plans. For example, one care plan noted, 'leave a sandwich and piece of cake on the table at side of her chair'.

A relative told us, "If they (person) is unwell, they (staff) have called us or the doctor." Two of the staff we spoke with told us if they had concerns about a person's health they would contact either their family or the appropriate health care professional. Care plans recorded the contact details for peoples GP and where required the district nursing team. This showed people using the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

Every person we spoke with who used the service provided positive feedback about the staff who supported them. One person said, "We have some laughs, I look forward to them coming." Another person said, "They are nice and they have a nice attitude." Relative's comments included; "They (staff) interact with (person) and talk to her.", "We have regular staff, occasionally they are different with holidays, but they (office) try to keep it to a minimum as he gets upset with different faces." And, "Mum and dad appear to enjoy their company; they speak highly of the staff."

In a summary of the service user questionnaires collated by the service, dated November 2015 from the Wakefield area, 99% of respondents felt their carer was polite.

The office manager told us they tried to ensure people received continuity of staff where possible. Staff also told us they generally had a regular group of people they supported. Having regular staff ensures people are supported and cared for by staff who know them well.

Peoples care plans all had a section entitled 'pen picture'. This provided a simple summary of their life history, family and interests, although this was not completed in three of the care plans we reviewed. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life history can also aid staffs' understanding of individuals' personalities and behaviours.

We asked one person how staff maintained their privacy and dignity. They said staff, "Closed doors and covered them with a towel" during personal care. A member of staff said, "I close doors and cover them up. I don't make negative comments and I maintain confidentiality." Another staff member explained how they left a person to use the commode in private. This showed an awareness of the importance of maintaining people's privacy and dignity.

We asked some people if staff routinely offered them choices and encouraged them to make decisions about their daily lives. One person said, "My clothes are in (place). The staff go in and get them." We asked if the staff consulted them about the clothing they may prefer, they responded, "Oh no, they just get it, but I am happy with that." Another person told us staff asked them what they wanted to eat before they prepared it, and a further person said, "Oh yes, I am in control. I tell (staff) what I want." One of the staff we spoke with said, "I give them choices. I ask them, what colours they want to wear, what they want to drink and what they want to watch on TV."

We also asked some staff how they encouraged people to retain their skills and abilities. One staff member said, "We let them do what they can do. If they are slow, let them do it in their own time. It's about keeping their independence, to keep them in their own homes." Care plans recorded the tasks people were able to do and where they needed support. For example, one care plan noted, 'Assist (person) to make their meal rather than doing it for her.' This showed that care plans encouraged people to be independent, wherever possible.

Is the service responsive?

Our findings

People who had recently commenced using Croft Care Services each told us staff had completed an assessment prior to the care package being implemented. One person told us someone from the office had come out to meet with them and they had done their care plan with the information from the meeting. A relative also told us, "Someone from Croft came to the house, before the care started and did an assessment." We also asked some of the people we spoke with if their care plan had been reviewed. One relative said, "It is reviewed every six months and I am involved." Another relative told us their family members care plan had been reviewed earlier in the year.

Our inspection on 12 November 2015 found the registered person was not meeting the regulations regarding care plans as they were not always reflective of people's needs and they were not being reviewed regularly. There was also an ineffective system to ensure records were collected from people's homes and returned to the office in a timely manner. At this visit we found these issues had not been resolved. When we asked staff about peoples care plans, feedback was mixed. One staff member said of care plans, "Some need updating and re-assessing, not all are up to date." Another staff member said, "Yes, they are accurate (care plans)." One of the staff we spoke with said they were supporting a person who had not had a care plan in their home for two or three months. We brought this to the attention of the registered manager and asked them to ensure a care plan was in this person's home.

The office manager told us when the service accepted a new person, a welcome visit was arranged and during this visit the information would be gathered to enable the care plan to be developed. They said the review of care plans was annual unless a person's needs changed, prompting an earlier review. The office manager said the programme of reviewing care plans was behind schedule, they explained this was in part due to having new care co-ordinators in post who were not yet able to perform this role. The office manager said they were completing reviews and showed us a schedule of diarised review dates for the coming weeks. However, as highlighted earlier in our report, the office manager had not completed any relevant training and had no practical experience of delivering care to ensure they had the knowledge and skills to perform the task.

When we reviewed ten peoples care plans we found a number of inconsistencies. For example, one plan recorded the person required a pressure mattress and pressure cushion and used a catheter, but the care plan made no reference to the support they needed with either their catheter or pressure area care. The daily notes referred to staff administering eye drops and creams so we asked the registered manager if we could see the relevant MAR charts but they were unable to locate them.

We saw two care plans which referred to people having a catheter yet the daily logs referred to them having a conveen. The care plan we saw for one person, instructed staff to 'assist with catheter care'. There was no direction as to what assistance was required and the section on the initial care planning document, 'the support I need with continence' made no reference to them having a catheter. This meant from reading the care plan and other documentation we were unable to ascertain the specific care needs of these two people.

The care plan for another person, as we described earlier in this report, had not been reviewed or updated since 12 January 2005 despite their care and support needs having changed significantly.

The registered manager told us daily care notes were recorded in a log book which ran from the first to the last day of the month, and then a new book was started. They explained the current and previous months log book was kept at the person's home but all earlier records were archived at the office. The administrator showed us a matrix they had commenced in April 2016, to enable them to log when people's daily records were returned to the office. We checked the records for the people whose care plans we had reviewed and found the daily logs had only been returned for each month, between April and June for one person. None had been returned for another person and five people had either one or two months log books missing. The administrator told us they did not currently log the return of people's MAR charts however, they planned to implement this in the coming weeks. This meant there was no effective system in place to ensure all relevant records were returned to the office in a timely manner.

These examples demonstrated a continuing breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection we reviewed how complaints were identified, received, recorded, handled and responded to. We saw complaints were logged onto a form, this recorded relevant details of the person who used the service and the complainant, if different. The form also recorded the date the complaint was received and responded to. There were no complaints logged for January, April, May or July 2016. There was one recorded for February and March 2016. We saw that one of the complaints evidenced the email sent from the registered manager to the complainant; this recorded the action taken and the action still to be taken. There was also a hand written entry which detailed a member of staff had contacted the complainant to apologise.

We noted two incidents where people had said they were unhappy with the service but the matter had not been addressed as part of the complaints process. The daily log for one person had an entry in their daily log dated 4 June 2016 which stated 'apologised for only one carer on (date). (Person) would like it reporting to the director'. When we looked at the care plan for another person we found a hand written letter from a relative, dated 24 July 2016, the letter was addressed to the registered manager and was a complaint about their dissatisfaction with staff being late at the weekend resulting in the person cancelling their call and the lack of experienced staff attending their relative over the weekend. There was an entry on the letter 'Rec 26/07/2016' to indicate the office had received the complaint but when we showed it to the registered manager, they were unaware of it. Following the inspection, we spoke with the complainant and they told us the registered manager had since been in touch with them to discuss their concerns. However, this demonstrates that not all staff were recognising the need to ensure all concerns and complaints were brought to the attention of senior managers to enable appropriate action to be taken.

Is the service well-led?

Our findings

Our inspection on 15 August 2014 and 12 November 2015 found the registered provider was not meeting the regulations relating to good governance. On this visit we checked and found improvements had not been made.

Although feedback from people who used the service was positive, with the exception of one person, comments from staff were variable. One said, "Yes I feel supported." Two staff said communication was poor within the organisation. One of them told us staff meetings were irregular and where meetings were held, they only got a couple of days' notice of the date, they also said, "When you call the office, you never get the same person to speak with, so there is no continuity." Another staff member said the area they worked in they sometimes felt "Out on a limb."

We saw evidence minutes were taken at staff meetings in February, March and April 2016. We asked the registered manager if any meetings had been held after that date, they said a meeting had been held in August 2016 in Huddersfield and they showed us a record of the minutes on the computer. Staff meetings are an important part of the provider's responsibility in monitoring the service and provide an opportunity for staff to meet and share information.

Throughout this report we have evidenced a failure to protect people from the risk of harm and a failure to ensure staff have the knowledge, skills and competence to perform in their role. The registered manager had delegated tasks to staff but we saw no evidence the registered manager ensured the tasks were either fully completed to the required standard or that any concerns were effectively reviewed, addressed or used as an opportunity to improve performance or practice. People's care plans lacked the level of accurate and comprehensive information to ensure their needs could be met in a person centred way.

The registered manager said they met with the registered provider on a regular basis. We asked to see copies of reports and audits completed by the registered provider and minutes of relevant meetings. They showed us hand written notes in their diary of meetings on 10 and 17 June 2016 and 8 July 2016 and the office manager showed us an audit dated 19 May 2016. They said the registered provider had not sent them any other information. Following the inspection the registered provider submitted evidence of a further report, 7th July 2016.

The registered manager told us an external consultancy service had completed an audit of the service during 2016. They said the consultancy service had identified the same issues identified by CQC. The registered manager said, "There is a report and an action plan has been done, we are in the process of working through it." When we asked to see the action plan the registered manager told us, "No there isn't one." Having an action plan provides a record of areas identified which require improvement and who is responsible for ensuring the relevant actions are completed. An action plan also provides a record of the progress being made in achieving regulatory compliance and meeting the aims and objectives of the organisation.

A Warning Notice was served on the registered provider and registered manager following our inspection on 12 November 2015. This was regarding a failure to ensure people's care and treatment was provided in a safe way. We asked the registered manager if they thought they had met the requirements of the notice, they said, "I have gone through it and I believe I have met it." At this inspection we found people's care and treatment was still not being consistently delivered in a safe way and the requirements of the Warning Notice had not been met.

These examples demonstrate a continuing breach of Regulation 17 (1) (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of this inspection there was a lack of evidence to support either the registered provider or the registered manager having oversight of the service as a whole. These findings demonstrate that the registered manager had failed to ensure the service was safe and effective and had not learned from the previous findings to ensure that the previous failings in the care provision at this service were addressed. This was evidenced by the continued breaches of regulation relating to the safe care and treatment of people, supporting staff and governance and the new breaches we identified at this inspection.

There is a requirement for the registered provider to display ratings of their most recent inspection. When we looked at their website we saw no information provided for people to enable them to see the most recent rating by CQC of the service performance. This is a breach of Regulation 20A (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.