

Crocus Community Care Limited

Crocus Community Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

The inspection of the office location took place on 30 December 2016. On 5, 6 and 12 January 2017 we contacted people and relatives for feedback about the service they received. On 9 January 2017 we visited people in their own homes to receive face to face feedback on the service they received. Crocus Community Care provides personal care and support to people living in their own homes. There were 22 people being supported by the service at the time of our inspection. We gave the provider 48 hours' notice that we would be visiting the office to make sure that the appropriate people would be there to assist us with our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The service demonstrated they were 'Service user focused' and had systems and processes in place to monitor and improve the service to achieve a consistently high standard of care and support for everyone who used the service. There was a call monitoring system in place and spot checks were carried which ensured visits to people were provided at the agreed times.

People told us they received care and support that met their individual needs. People were involved in the development, planning and review of their care.

Staff knew people well and treated them with dignity and respect. Care plans were personalised and contained detailed information about people's support needs and risk assessments were detailed and specific providing staff with all relevant information to ensure risks were both identified and mitigated where possible. Staff knew how to recognise and respond to any allegations of abuse. Medicines were managed safely.

People were supported by sufficient numbers of staff that were recruited through a robust process which helped ensure staff were suited for the roles they performed. Staff were inducted and received on-going training and support. Staff had individual supervisions, team meetings and regular contact with office staff to share good practice and discuss any concerns.

People were supported to make their own decisions, and to retain where possible everyday living skills and abilities and their choices were respected. Their views were obtained through a variety of communication feedback methods and people's views were taken into account.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff were aware of abuse and how to report any concerns.

There were sufficient numbers of staff available to meet people's needs at all times.

People were supported by staff who had been recruited via a robust recruitment process.

People's medicines were managed safely and they received them in a timely way.

Is the service effective?

Good ●

The service was effective.

People received support that was effective and met their assessed needs.

Staff received training and support relevant to their roles.

Staff sought people's consent before providing care. Staff were aware of MCA principles.

People were encouraged to eat and drink sufficient amounts to maintain their health.

People were supported to access health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way.

Staff knew about people's individual needs and wishes.

People's privacy was respected and they were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to be involved in decisions about their care where possible and appropriate.

People were supported to participate in activities and attend events within the community.

There was a complaints process in place and people's concerns were acted upon.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff felt the management of the service was consistently good.

The provider had systems and processes in place to monitor the quality of the service.

The service demonstrated a people first approach which was transparent and inclusive.

Crocus Community Care

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 was 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 commenced on 30 December 2016. The location, phone calls and home visits were carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

As part of this inspection we telephoned people on 4, 5 and 12 January 2016 to obtain feedback on the service provided. On 9 January 2016 we visited people in their own homes to ask for feedback about the services they received. We also contacted people and relatives by phone. We asked social care professionals and commissioners for their feedback about the provider and the services they delivered.

We talked to a total of 12 people who used the service and four relatives. In addition we talked to five staff members and the registered manager. We also contacted and spoke with two social care professionals and commissioners who gave us feedback about the services offered by Crocus Community Care.

We looked at documents relating to four people and other documents and quality assurance systems the provider had in place to monitor the effectiveness of the services provided to people.

Is the service safe?

Our findings

People told us they felt safe when the staff were supporting them. One person told us, "They are all so responsible and always arrive on time for my visits. I have never had to complain about anything from them." They are kind and always knock and call out before they let themselves into my house, so I know who it is." Another person told us "All the staff that come and help me are like family because it's a small company and you get to know all the care staff that come, but usually I get the same ones." A relative of [family member] told us "We live a long distance away so its reassuring to know that the care staff that look after my[relative] are responsible and have been checked by the company before they come into my [family members] home, for safety reasons of course." One staff member we spoke with during our visits told us "We always make sure we wear our badges and if there is a key safe to get into the person's house we make doubly sure we have put the key back securely as a lot of the people we care for live alone and can get frightened easily."

Staff knew about potential abuse and how to report any concerns. One staff member said, "I would report any concerns to the manager and am confident they would deal with any concerns appropriately. However I am aware that I can also phone CQC direct if I wanted to but the manager is very open and is always on hand to talk things through if we have a concern." Another staff member said, "We all know how to raise a safeguarding and have had training as well as discussing it in staff meetings." We observed that information with contact numbers were displayed in the office so that care and office staff had a visual reminder of who they needed to contact if they needed to report any concerns.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as mobilising independently, eating and drinking skin integrity and risks associated with the person's home environment. These assessments were detailed and had identified potential risks to people's safety and the controls in place to mitigate risk. We looked at the individual risk assessments for three people which we found had all been updated within the past six months. For example we saw a risk assessment for a person who was at risk of choking. This document detailed the risks and the control measures in place to help prevent them from harm. We asked staff about how they ensured they minimised the risk to people within their own homes. One [staff member] told us, "We are always mindful of the risk that are present when working in people's own homes, for example trip hazards and the kitchen and bathroom areas. We try our best to mitigate these risks by discussing our concerns with the person themselves." This meant that people were protected by information that was both up to date and accurate in order to protect and maintain people's health and welfare.

We looked at four staff records with regard to their recruitment and employment at the service. We found that staff had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service.

People were supported by sufficient numbers of staff to meet their needs and they were supported at the times they needed as far as possible. We reviewed staff rotas and noted that visits were assigned in geographical areas to reduce travel and travel time was assigned between visits. People told us that staff always arrived at the expected time and one person told us "I have never had a late or missed visit and if one of the [staff] was a bit late I am sure they would call and tell me, but this have never happened and that's one of the wonderful things about Crocus Care, they are so reliable."

All five staff we spoke with confirmed that they had received training in the administration of medicines and that they had been assessed as competent by a senior care manager before they assisted or supported people with their medicines. The manager and senior staff members observed staff competencies in the administration of medicines when they completed spot checks in people's homes. We saw evidence that confirmed the checks had taken place. One person who we visited told us, "The care staff just check that I am taking my tablets on the right day and the right time as part of their morning visit, which makes me feel confident that if I made a mistake they would notice straight away." Another person we visited told us that "I have so many tablets that it's nice to know that the staff are there to help if I get into difficulty or if I drop one of my tablets."

Medication administration records (MAR) had been completed and audits had taken place. Any Issues were noted together with the action that had been taken. Action included staff supervision, further training or competency checks.

All four people we visited within their own homes and three relatives we spoke with confirmed that staff minimised infection and cross contamination because they used the appropriate personal protection equipment (PPE) such as gloves and aprons where appropriate.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care provided. One person we spoke with told us "I consider the care staff have the right training to help care for me although the difficulty lies when the regular carers are away then we get different individuals, quite often someone different every day."

People received care and support from staff who had been trained and supported to meet their needs in a safe and effective way. This included in areas such as moving and handling, medicines, infection control, emergency first aid, safeguarding, privacy and dignity, equality and diversity and health and safety training. All 10 people we spoke with told us they considered that staff were both competent and confident in providing the care to them. One person told us "I always have two carers as I need to be hoisted and they do this with confidence and professionalism. They make sure I am safe and comfortable before they start to move me too." I have only one word to describe Crocus Care and that's excellent."

New staff were required to complete an induction programme followed by a period of shadowing an experienced member of staff before they worked unsupervised. During this time they also received training relevant to their roles, and had their competencies observed and assessed in the work place. We spoke with one care worker about their recent induction programme and they told us "My induction lasted one week, the training was really good and I was also shadowed by a permanent staff member until I felt confident to work by myself and of course, also until the manager felt I was competent to do so." We also have spot checks and observation sessions on how we care and support people." Another newly appointed [staff member] told us "I did moving and handling, first aid, health and safety, fire training and medicine training."

A social care professional we spoke with told us "Crocus Care employed care staff who really care about people and I have always found them to be well trained and competent in the care they provide to vulnerable people." A relative commented about the care the service provided to their relative, "Crocus Care provide a brilliant worker to care for my elderly parents which gives us great peace of mind as we live so far away. I think part of their success is they are a small organisation which keeps it all very personal."

People told us that staff always asked permission before they provided their care and support and they also told us they were supported by staff to take informed decisions about their care and support. One person we visited confirmed that staff always ask permission before they provide their care. They told us "All the [staff] who comes to help me are respectful, polite and honest. They would never start helping me until they had asked first, it's what I expect at my age."

Another person we spoke with told us "The staff are all polite and even the manager helps out sometimes and does a good job too."

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.

One person we visited told us "The care staff always check I understand what they are going to do, even though it's the same every day." One staff member stated, "We cover this issue in our induction and it's also covered in our Mental Capacity training so there is no excuse not to know or understand what is meant by capacity and how that translates to our everyday work." We saw from the four care plans looked at that where people's photos had been taken or personal information had been shared with other professionals involved in their care, consent had been obtained and documented within the person's plan of care.

All five staff we spoke with had a good understanding of the five principles of the Mental Capacity Act. One staff member told us what actions they would take in case they felt a person may lack capacity. "I have seen in people's care plans an assessment about their capacity. We also found that staff we spoke with had a good understanding regarding the principles of the Mental Capacity Act and how to ensure people have the capacity to consent. When we asked one person [staff member] about Mental Capacity Act training they told us "MCA - I have done this training and what it fundamentally means is that people cannot be deprived of any of their liberties unless this practice has been assessed as part of a best interest meeting. For example you wouldn't let someone go out on their own if they had no road sense. You would need to make an assessment of the risks involved to keep them safe and then it may mean that it would be in their best interests to have someone go out with them."

Staff told us they felt valued and supported by the manager. They told us that they had the opportunity to meet with a senior staff member on a regular basis to discuss and review their performance, professional development and any other issues that were important to them. One staff member said, "We are a small team which I really like and it makes communication much easier. Crocus Care feels more like a family than an employer and the manager is always happy to roll their sleeves up and help out when necessary."

We found evidence within the daily records we looked at that people were supported with their meals, where necessary. One person told us "They [staff] always make sure I have a hot drink before they leave and if I need any little extra help with getting my meal, they do it for me without question, this is one of the reasons I am so happy that I chose them." Another person told us "When the [staff] come to do our lunch they always check to see if what has been left in the fridge is what we want and we can change our minds and they never complain." We saw the individual care plans recorded people's likes and dislikes with regard to their food choices; this included any religious or cultural factors that needed to be considered.

People we spoke with told us that their day to day health needs were met and that they were supported to access health and social care professionals when necessary. One relative stated, "I know that if my [relative] was unable to come over and take me for a check-up or opticians appointment the manager would do their best to see if one of the [staff members] could call in and take me."

In addition people told us that care staff had assisted them with making appointments with other professionals such as the dentist and chiropodists. We saw from the care plans we reviewed that these also contained relevant information needed in an emergency or if people were admitted into hospital. For example, medicines the person was taking, next of kin details, known medical conditions and any allergies they may have had.

Is the service caring?

Our findings

People told us they were very happy with the service, care and support they received. They told us staff were very kind, caring and compassionate. They also spoke positively about the registered manager and the office staff and said how helpful they were whenever they had any dealings with them. One person said, "I could not wish for nicer care workers they are all so lovely and kind." One relative told us, "They are all angels, they are kind, considerate and always so happy in their work." They also told us that they found the office staff to be very efficient and helpful especially if the [staff member] was running a little late." They are always so apologetic even though we all understand that sometimes people just get held up."

Staff and the registered manager demonstrated that they knew people very well and when they told us about people they described in detail how they offered support. Staff spoke in a kind and sensitive way and one member of staff told us, "We are a small and friendly team who know each other very well and I know that every [staff member] who is employed to care for people does it to the very best of their ability and nothing is too much trouble."

People and where appropriate their relatives, were involved in the development, planning and reviews of the care and support they received. Care records were detailed about people's wishes and views about what they expected from the service and staff demonstrated an in-depth knowledge about everyone they supported. For example there was a profile about the person which gave staff some very useful information about the person's life, family and details that enabled care staff to understand more about the person's life before they reached the point at which they needed care and support. This information helped staff to see people in a positive light.

Staff were able to tell us what was important to each person they supported which demonstrated they were able to offer care and support to people in a way that promoted people's wishes. For example one person had a strong connection with the local church and therefore the service always endeavoured to ensure that this person's morning call was scheduled slightly earlier on a Sunday in order for them to attend their Sunday morning church service.

People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when offering care and support. One person told us "The (staff) always make sure my dignity is respected by maintaining my privacy when they support me with personal care". One staff member told us, "We always make sure we close curtains and bedroom doors closed when offering people personal care. We maintain and promote people's dignity and talk to them whilst we provide them with intimate support, just as we would like the same respect offered to us." This approach from staff demonstrated that staff were mindful of people's dignity and privacy.

We saw that care plans reflected people's choices and were written in a respectful way which incorporated people's wishes and helped staff to care for people in a dignifying manner. People and their family carers were cared for and supported by staff who were trained and understood the high standards set by the provider regarding how to support people and their family carers.

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People's care and support needs were provided in a way that suited them and met their changing needs. People's needs were assessed before the service commenced. People were asked about the times they wanted their care to be provided and the service provided was flexible. One person told us "The care staff are all very knowledgeable about the care we both need. The care we get is second to none and I have only the upmost respect for the care staff who do this job and help look after us." Staff demonstrated that the support was provided was specific to what people wanted and not just the availability of staff. The provider told us they would not take on a care package if they could not meet the person's needs in the way the person wanted. One relative told us "We have used several care companies and this one is the best by far. I think it's because they are a smaller agency and I feel that this makes the care more personalised. They are not just supportive and get to understand the (person) but also they get to understand and support the family as well, we look forward to them coming and always have a chat."

People's care plans were personalised and paid attention to detail. They gave clear guidance to staff on how to support people and what was important to people. The registered manager told us, "When we first meet and assess the person we always ask what their expectations are so we are clear what they expect us to deliver, what is important to them and also to make sure we can deliver and meet their individual care needs." The care plans we reviewed were written in a personalised person centred way which gave a clear and detailed insight of what people needed from the service and about how they would like that to be provided.

Staff were able to describe in detail all the important things about the people they supported. For example, one staff member told us a person liked to have a cup of tea before being assisted with personal care. While another person liked to wash themselves as much as they were able to manage and then call the care staff to assist them with parts they could not manage. This helped people to retain their independence.

When people's health or ability changed staff reported this to the office and the registered manager arranged a review of their needs. For example, we saw that a person's mobility needs changed. One person told us "I needed some adaptations to my home and the registered manager helped start the ball rolling, so to speak with accessing the right people to come and assess my needs and to see what was required. This was a great help as none of my family members live nearby to help with that sort of thing. They are like my extended family really, always there if I need help or a question answered." We saw that care plans and risk assessment were updated and where there was a change to inform staff how to continue to support people safely and appropriately. This demonstrated that the service responded to peoples changing needs.

People were aware of how to raise a concern or make a complaint if they needed to. They were given a service user guide which gave them all the information they needed about the service including the provider's complaints procedure. Regular quality monitoring spot checks were carried out and during these meetings people were asked if they were happy with the service which gave them an opportunity to put things right before it became a formal complaint. However there had been no complaints since the service was registered. People told us they never had any reasons to complain about the service, because if they

needed to raise any concerns they were addressed straight away. We also saw that people were encouraged to give feedback through surveys and care staff told us they would communicate any concerns to the appropriate person in the office if there were any concerns raised. One person we visited told us, "I would be perfectly happy to bring anything up if I was worried about and I know the registered manager of the office staff would sort it out for me, they are all very approachable and open to discuss any concerns I may have, but I never have and don't expect to as I am very happy with everything that Crocus Community Care provide to me."

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

Is the service well-led?

Our findings

People were positive about the way the service was managed and operated. The registered manager led by example, they supported, mentored and guided staff to deliver personalised quality care to people. The culture of the service was to provide excellent care and it was clear the registered manager had a clear vision for the development of the service. The registered manager told us that their priority was to make a difference and to continually make improvements to the service through local knowledge and education.

Staff told us the registered manager was a 'wonderful leader' and provided support not only in relation to their professional role but also on a personal level. One staff member told us "The manager is always mindful of our health and wellbeing as well as our work performance and in turn this makes me feel valued and respected." The registered manager told us "We are like an extended family here at Crocus Community Care and that means we all look out for after each and when necessary if staff have any personal emergencies during work time, we always try to accommodate these and provide the support they need. For example if they have problems with transport of child care."

The registered manager demonstrated an open and inclusive approach and ensured they gave consistent messages and delivered high quality care. The also told us "We have an open door policy here and staff know they can always pop in and see me if they have any concerns or issues about their work." We saw this approach first hand during our visit to the office where we saw care staff call in for a social chat or to discuss specific issues that related to the people they supported.

Staff told us they met regularly to discuss all aspects of the service and all staff we spoke to felt respected and consulted about the service delivery. There were regular staff meetings where everyone had an opportunity to contribute. These meetings provided all staff with opportunities to discuss people who used the service, any changes or concerns and share positive experiences.

Staff and the registered manager were very focused on the quality of the service and were clear on what their roles and responsibilities were. Staff told us they felt valued and that they found it motivating to be part of such a person centred organisation. All the staff and registered manager we spoke with told us they worked well as a team and supported each other. One staff member told us, "The support is wonderful. There is always someone at the end of the phone. If we need help they come and help. Staff told us they liked working for the service because the registered manager really cared for the people they supported and they were able to spend quality time with people. The registered manager was equally as positive about the staff team and told us, "The staff are wonderful, they do a fantastic job and are passionate about the people in their care. We look after them as well as I look after the people we provide a service to because they are equally important". One staff member told us that they felt that one of the main reasons the service retained it staff was because "We all feel valued and respected by the registered manager and I think that is partly because they still come out on visits and provide care to people, which gives them first hand insight into the job we do and the daily challenges we face."

The provider told us "We are a small service. Our aim is to provide the best quality care to the few people we

look after. It is not about the quantity is about the quality." They told us they would only ever take on a new care package if they knew the quality could be maintained. It was clear from all our discussions with people, staff and relatives that everyone involved in the service were passionate about the people they cared for.

People and their family carers told us the service was very reliable and they had access to a member of the management team outside office hours in the case of them needing to speak with someone.

There were various quality assurance systems in place. These included audits and obtaining regular feedback from people who used the service and staff. Spot checks were carried out in people's homes to check that staff arrived on time, followed the care plan and treated people with dignity and respect. The registered manager used the spot checks to observe staff`s practice and mentor and guide staff to follow best practice when delivering care and support.

We saw the results of the latest survey which demonstrated people who used the service and staff were very positive about the service. People gave positive feedback about the care they received, and people told us they would recommend the service and confirmed everyone at the service went over and above what was expected of them.