

Crocus Community Care Limited

Crocus Community Care

Inspection report

Chroma House
Shire Hill
Saffron Walden
Essex
CB11 3AQ

Tel: 01799508248

Date of inspection visit:
17 October 2019
21 October 2019

Date of publication:
06 November 2019

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

About the service

Crocus Community Care is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was supporting a total of 27 people. 11 people received support with personal care.

People's experience of using this service and what we found

People told us they felt safe with all the staff who supported them. They continued to receive care from a consistent staff team. There were enough staff to meet the needs of people.

Not all staff had been recruited in line with the provider's policy as not all pre-recruitment checks had been carried out. Our findings can be seen in the 'safe' section of this report.

We have recommended the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

People told us staff supported them to receive their medicines as prescribed. We found conflicting information within some care plans as to the level of support people needed with the administration of their medicines. In response to our feedback the registered manager assured us a review of care plans would be carried out and this would be rectified immediately.

Staff had completed safeguarding training and understood their responsibilities to report any concerns to protect people from harm and abuse. Risks to people's health, welfare and safety had been assessed and guidance provided for staff to keep people safe.

There was a system for staff to report and record accidents and incidents. However, there was no system in place to analyse trends and identify high risk areas. Following our feedback, the registered manager put in place a system to ensure the monitoring incidents with action plans to reduce the risk of harm to people.

People told us staff were kind and caring and treated them with respect and dignity. People's independence was promoted and encouraged by staff.

People knew how to raise a complaint and felt confident any concerns would be addressed. People were encouraged to express their views on the service they received and to support continuous improvement.

The culture of the service was person-centred, and staff were committed to providing good quality care. The registered manager had a clear understanding of their responsibilities to meet regulatory requirements.

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

Rating at the last inspection

The last rating for this service was Good (published 14 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led..

Details are in our well-Led findings below.

Good ●

Crocus Community Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 17 October 2019 and ended on 21 October 2019. We visited the office location on the 17 October 2019 and visited people in their homes. On the 21 October we made telephone calls to people, their relatives and staff.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

What we did before inspection

We reviewed information we had received about the service since the last inspection such as notifications. We sought feedback from professionals who work with the service. We used all of this information to plan

our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care manager, administrator and two care staff.

We reviewed a range of records. This included four people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the quality and safety management monitoring of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also received written feedback from two health care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were procedures in place to help ensure only suitable staff were employed. However, we found essential pre-employment checks had not always been completed in line with the provider's policy.
- The provider required staff to provide two written references including one from the most recent employer. References for two of the three staff recruitment folders we viewed had not been obtained from their most recent employer. For one staff member no references had been obtained. This meant the provider could not assure themselves that the staff members' conduct had been satisfactory in those employments.
- In addition, full employment histories were not available for all staff members, which meant the provider would not have been aware of any issues that might have impacted their suitability for employment.
- Other safety checks had been carried out such as Disclosure and Barring Service (DBS) checks prior to staff starting work at the service. These criminal records checks help employers make safe recruitment decisions.
- When we raised these issues, the registered manager told us they would act immediately to ensure recruitment file checks would be included as part of their quality and safety monitoring checks.

We recommend that the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they, or their family member felt safe receiving the service from all of the staff who supported them. One person told us. "They [care staff] are all very good, I haven't had any [care staff] who I don't feel safe with."
- Staff had received training in safeguarding people from the risk of abuse and poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. They were confident the management team would take seriously any concerns they raised.

Assessing risk, safety monitoring and management

- People's risk assessments contained basic information and guidance to support people and staff to reduce the risk of harm occurring.
- Where needed, the service sought advice and guidance from occupational therapists who carried out assessments and provided staff with equipment and guidance to follow, for example in relation to helping

people to move safely.

- There were enough staff to support people safely and to complete all care visits. Staffing levels were based on people's needs and the number and length of visits required to support them. Travelling time was built in between each visit to help ensure staff arrived on time. One member of staff told us, "I never feel rushed. We have plenty of time built into our programme to ensure we have enough travel time between each visit."
- One person told us, "They stay for the time we have been given. They always let us know if they are running late or if they are going to be early. We have never had any calls missed, they always turn up." Another said, "Each week we are sent a list of staff who will be visiting and what time they are due. They never miss a call."

Using medicines safely

- People told us staff supported them to receive their medicines as prescribed.
- Staff were trained in the safe management of medicines and said their competency to administer medicines was regularly assessed. However, evidence of competency assessments had not been formally recorded.
- We found information within some care plans conflicting as to the level of support people needed with administration of their medicines. Two care plans stated people managed their medicines independently. However, we found administration records where staff had signed to say they had administered medicines and people confirmed staff supported them. We discussed this with the registered manager who assured us a review of care plans would be carried out and this would be rectified immediately.

Preventing and controlling infection

- Staff were provided with training in infection control and there were effective processes in place to reduce the spread of infection.
- Staff told us they had access to disposable protective equipment, such as gloves and aprons.

Learning lessons when things go wrong

- There was a system for staff to report and record accidents and incidents. However, there was no system in place to analyse trends and identify high risk areas.
- Following our feedback, the registered manager provided us with evidence of a system they had put in place to ensure they regularly analysed accidents and incidents. This meant people could be assured the provider would monitor incidents and put in place action plans to reduce the risk of harm to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments to ensure people's needs could be met had been carried out prior to the start of care.
- Care had been taken to find out as much as possible about the person, their family, previous work, life history, religion and interests. This provided guidance for staff in getting to know the whole person and not just the tasks needed.

Staff support: induction, training, skills and experience

- Staff said they received regular informal supervision from the management team. Records showed there was previously a system in place for the formal supervision and appraisal of staff, but this had lapsed in the last year. The registered manager told us this was due to some staffing issues which had now been resolved. It was apparent from discussions with the staff and management team that things had improved.
- Staff said they felt supported and could talk with anyone of the management team. Comments included, "They are all lovely and very supportive", "They go above and beyond to support their staff", and "I would not want to work anywhere else, we are a lovely team and work well together."
- Staff told us that they had received a range of training mostly through on-line resources. This was corroborated by training records viewed. We noted some staff had not been provided with refresher training in moving and handling people safely. Immediately following our feedback, the registered manager arranged face to face refresher training for staff to commence the following week.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the arrangements in place where care support included the preparation of meals.
- People's nutritional needs were managed well. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded for each person.
- Where specialist support was needed referrals to a GP were organised to access the support of specialists such as dieticians.
- Staff confirmed they had received training in food safety and were aware of safe food handling practices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care professionals according to their needs. People described occasions when staff had supported them to access a GP and community nurses.
- One person told us, "The staff are all marvellous. I Had a panic attack, I phoned them, and they got onto the surgery to get help for me." People also told us care calls were flexible to enable them support from staff to access visits to health care professionals when needed.
- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. One relative told us, "Without doubt they phone me with any changes in [person's relative's] condition. They are very good at keeping me informed."
- Care records confirmed staff took action when health care concerns had been identified and worked closely with healthcare professionals to ensure people received the appropriate level of care as their needs changed.
- People's oral health care was assessed, and comprehensive information provided in care plans to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans showed a lack of mental capacity assessments to ascertain whether the person had capacity to make decisions related to their care. We discussed this with the registered manager who provided us with evidence immediately following our inspection that this had been rectified.
- The registered manager also took action following our feedback to ensure care plans identified if people had legally appointed representatives or an advocate in place. Advocacy seeks to ensure people have their voice heard on issues that are important to them.
- People told us consent was sought for all care support. One person said, "They are considerate and always ask my permission before they do anything for me." A relative told us, "I always observe staff asking [person's relative] what they would like to wear, and they wait for a response. They are always so patient."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to receive care from staff who knew them well. They had formed positive relationships which people told us were important to them. One person wrote in response to a satisfaction survey, "Your team of ladies are all excellent, they are my angels and are a rock to start my day. I wake up very confused and they set me right. The great thing is the feeling I get when I know I get repetitive and really boring; all the carers are kind and do their best to listen to me attentively."
- A relative told us, "I am very happy with the service. The Staff talk very nicely to [person's relative]. I cannot fault them in any way. [Person's relative] was reluctant to have the help they needed in the beginning, but the kindness of staff has won them over."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the planning of their care and their care plans showed how people preferred to receive their care. People told us staff listened to them as to how they wanted their care provided and this was regularly reviewed.
- People were provided with a service user guide which contained all the information they needed to know about the service.
- Where people had limited communication skills, their families or representatives were also involved in decision making and any review of their care.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us they were treated with dignity and staff were always respectful. One person said, "They are all kind and respectful, such nice kind girls, all of them." A relative told us, "The conduct of staff is professional and very caring."
- The management team told us how they ensured that as much as they were able, call times and visits were led by people, when they wanted them and how they wanted their care provided.
- There was a strong emphasis on supporting people to promote their independence. One person said, "They are very good at encouraging me to do as much as I can for myself, this is good for me and I appreciate it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care from staff who knew them well. One person told us staff knew their daily routines and how they liked things to be done, in a certain way. For example; "I like certain personal items to be placed close to me and they know what I like and what I need."
- People told us staff were reliable, flexible and they were supported by a consistent team of staff. This enabled staff to get to know people and their needs well. One person told us, "I am becoming more disabled and sometimes need extra help at lunch time and they provide this with little notice."
- An assessment of people's needs was carried out before a service was provided and this was confirmed by health professionals in their feedback to us.
- Staff confirmed they were informed about people's care and support needs prior to their first visit. They also said care plans were available to provide staff with the guidance they needed to meet people's needs and keep them safe.
- Staff reviewed people's goals and care plans regularly. People told us they had access to their care plans, what was recorded was accurate and that they were happy with the content.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People confirmed staff took their time to speak with them and gave them time to respond to their questions, queries or concerns.
- Staff were passionate and motivated to ensure that people had access to care that enhanced their wellbeing. All staff we spoke demonstrated disability would not be a barrier to people living a good quality of life.
- Care plans contained information about people's communication needs if they were unable to express this verbally. For example, if a person was in pain, distressed or happy.

Improving care quality in response to complaints or concerns

- People knew how to complain and had confidence they would be listened to. People and relatives said they were very satisfied with the care and support they received and had no reason to complain. One person told us, "I would contact the office, I know they would deal with any concern I had without discrimination. I

have no complaints, they [staff] are all very good."

- Systems were in place to deal with any concerns or complaints. The registered manager had appropriately dealt with the one complaint received about the service in the last 12 months.

End of life care and support

- Staff had access to basic on-line training in end of life care.
- Staff were not supporting anyone with end of life care at the time of our inspection. The registered manager told us if a person required end of life care they would do this with support from external health professionals, such as specialist nurses, following any guidance they put in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff continued to put people at the centre of the service. They planned care to ensure people's choices, goals, aspirations and feelings were considered and incorporated into care.
- There was an honest and open culture. When things had gone wrong the registered manager had responded appropriately in their response to people and their relatives. There was evident learning from complaints to drive improvement.
- The registered manager had clear aims and objectives for the service. Staff and the management team described ongoing work to embed the values of providing personalised care.
- People were complimentary about the management of the service. One person told us, "Every week I have a new timesheet and they tell me who is coming and what time. They listen to me. If I have any worry they get it sorted and report back to me. They are very efficient and nice. I feel confident in their approach and ability to support me well. I am more than satisfied."
- Relatives were also complimentary regarding the management team and the flexibility of the service. They told us the management team were approachable, easy to access, enthusiastic and passionate about providing personalised care. One relative told us, "The manager, the owner and the office staff are all very good. They respond well to anything you suggest and listen to you. They provide a very flexible service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout the inspection, the management team demonstrated an open and transparent approach to their roles.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- The registered manager understood the need to submit statutory notifications to CQC about people who used the service, or events that effected the operation of the service. A statutory notification is information about important events which the service is required to send us by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was in the process of updating systems to ensure more effective monitoring of the

service. We were provided with updated audits following our feedback, where we had identified further work was needed. For example, analysis of accidents and incidents, mental capacity assessment and staff spot performance checks.

- Satisfaction surveys had been carried out and all responses received were positive. Comments included, "I appreciate the help I have. If I have a health concern I know you would see about getting help if necessary. I have experienced kind of care, which was much appreciated." And, "It is very helpful knowing in advance the times of visits and nice to know who is coming."
- A community healthcare professional told us, "I have always been able to rely on the carers to pass on any concerns they may have about the people they care for. If I or any of my nurse colleagues have had concerns about a person's pressure area and need cream applying to pressure areas, they [care staff] are quick to implement and add to the care plan. The care records in people's homes are well documented by the care staff and the communication between Crocus care and community services is excellent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were given opportunities to regularly comment on the service provided. This included formal face to face discussions, care reviews, surveys and informal feedback.
- The registered manager used information gathered from audits, surveys and feedback to develop the service and make improvements. The registered manager and staff were committed to learning and to improving outcomes for people using the service.
- Staff worked well together and demonstrated the values and vision of the service.
- Staff told us there was good communication from the management team which kept them informed and updated as to people's changing needs. Staff had access to regular staff meetings where they had opportunities to discuss their views on the service provided.
- Staff worked in partnership with a range of professionals to ensure that people received joined up care. One external professional said, "From a professional point of view I find them efficient and prompt as whenever, we have needed to discuss patient care, or a referral, Crocus normally comes to the ward to assess people. They use that opportunity to find out as much information about a person as possible before deciding if they are able to meet that person's individual needs."