

Crofton Care Partnership

Crofton Care Partnership

Inspection report

49 Cuckoo Lane
Stubbington
Fareham
Hampshire
PO14 3PE

Tel: 01329663984

Website: www.croftoncare.co.uk

Date of inspection visit:

25 June 2019

04 July 2019

Date of publication:

07 October 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Crofton Care Partnership is a domiciliary care agency providing personal care to people. At the time of the inspection the service was supporting 70 people with regulated activity.

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.

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

The management of the service had a system in place to monitor and improve the service however there were areas where this was not fully robust and required improvement, for example in maintaining records. We gave feedback to the registered manager and general manager and this was taken on board. The general manager had taken steps during the inspection to improve this immediately. There was a positive culture within the service and the management were approachable. Staff felt well supported during their employment.

There were sufficient numbers of staff, who provided support within the thirty-minute window set by the provider. The service had undertaken appropriate recruitment checks on staff members to ensure staff were of good character. Staff understood their responsibilities around safeguarding. Medicine administration was managed appropriately but there were gaps in the records which were addressed during the inspection. Incidents and accidents were recorded and investigated.

Staff received training in a range of subjects that were appropriate to their role. People's nutritional and hydration needs were met.

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.

We received positive feedback about the caring and compassionate approach of staff. Dignity and respect were always maintained and people were supported to remain as independent as possible.

Care visits were carried out on time. We received mixed feedback about the timeliness of calls however, the records of staff signing in and out of calls demonstrated that they arrived within thirty minutes of their scheduled time. Care records contained relevant information but would have benefitted from further details about people's histories and preferences and around moving and handling requirements. People were confident to raise concerns with the management, though the service had not received any formal complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – The last rating for this service was good (published 7 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

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.

Requires Improvement ●

Crofton Care Partnership

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.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service, one relative and one neighbour about their experience of the

care provided. We spoke with five members of staff including the registered manager, general manager and care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback about the service from the local authority. We requested and received further information from the registered manager and general manager.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff underwent appropriate recruitment checks prior to starting their employment. During the inspection some records were not available for a member of staff. Following the inspection, the registered manager and general manager provided these documents that demonstrated appropriate checks had been followed to ensure the staff member was of good character. All other recruitment records we reviewed were appropriate.
- There were sufficient numbers of staff employed to support people safely.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities around safeguarding and were able to recognise signs of possible abuse. They were confident in how to raise concerns within the organisation and externally to organisations such as the local authority.
- The registered manager and general manager understood their responsibilities under safeguarding and had taken appropriate action to investigate and report concerns to the local authority and the Commission.

Assessing risk, safety monitoring and management

- People told us that they felt safe being supported by the service for example one person told us, "I most certainly do feel safe with them. The carers are very careful with what they do."
- People and relatives told us the service communicated with them if there were any concerns about risk to people. One representative told us, "Any problems with [person] they normally let me know".
- The service demonstrated that they responded to risks appropriately and worked to mitigate the risks as much as possible. For example, one person had significant risks associated with how they were positioned in bed. The service worked with an occupational therapist to produce clear guidance for staff on how to position this person appropriately.

Using medicines safely

- Medicines were administered safely. There had not been a medication administration error since 2018. Recording errors were followed up but this was not always recorded. We discussed this with the general manager and registered manager who agreed to ensure there was a clear audit trail of this follow up in future. We found no impact on people due to these recording errors.

Preventing and controlling infection

- People were protected from the risk of infection. We observed staff to wear disposable gloves and aprons appropriately and wash their hands. We received mixed feedback from people about whether staff wore gloves and gowns when supporting them with personal care however, the general manager assured us they

had not received any concerns in reviews of care packages, through the complaints system or during spot check observations of staff performance. They were confident that staff were following procedures correctly.

Learning lessons when things go wrong

- Accidents and incidents were reported to the office, recorded and robustly investigated. Measures were put in place to minimise the risk of re-occurrence.

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.

Staff support: induction, training, skills and experience

- Staff received an induction, a period of shadowing more experienced staff and staff that were new to care completed the Care Certificate. The Care Certificate standards are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care.
- Staff received medication training, competency checks and a medicines workbook in relation to medicines management. Staff received a new workbook with each refresher training with new information to ensure staff continued to learn and remain engaged with the training.
- The registered manager told us, "Training is always being updated". Staff received training in basic subjects and received extra training if people had different needs or staff lacked confidence in a particular subject area. Staff also had the opportunity to progress their training and undertake vocational qualifications. People told us that staff appeared to be well trained. One person told us, "I think the carers are knowledgeable".
- The service had employed more staff through a Transfer of Undertakings (TUPE) process from another organisation. A TUPE process protects the rights on employees when the service they work for transfers to a new employer. They had retrained all the staff who moved over to the service to ensure they worked at the correct standards.
- Staff told us they felt well supported by the service for example, "The office support us with any problems we have." Staff received regular supervision and appraisal which they found to be helpful in their ongoing development.

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

- People's needs were holistically assessed and described within the care plan.
- The service was planning to carry out more training in moisture lesions and pressure sores due to the risk of people developing these in the community.

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

- People were supported to eat and drink sufficiently. We did not receive any concerns related to nutrition and hydration. People told us that staff prepared food and drink for them as they requested.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with healthcare professionals as appropriate to support people with any medical concerns.

Supporting people to live healthier lives, access healthcare services and support

- The service held information leaflets on various healthcare topics in the office that could be given to people to provide information as appropriate.

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.

- The service was working within the principles of the MCA and staff understood the importance of enabling people to make their own decisions about their care as much as possible. Everyone we spoke with told us that staff always asked for people's consent prior to supporting them.

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

- We received positive feedback about the caring and compassionate support provided by staff. People told us comments such as, "Yes the carers are most certainly kind and caring" and "They are lovely and give me confidence." One representative told us, "They're very nice to [person]". One staff member told us, "We all respect our clients."
- We were informed of examples where staff had worked very hard to attend calls during difficult times, for example challenging weather or emergencies in the local area. People we spoke to confirmed to us that staff had still completed their visits during those times. This demonstrated a caring approach where people's support was maintained, particularly those with the most significant needs.
- Staff demonstrated a caring nature. For example, one staff member noted the importance of helping people with smaller things outside of their basic care needs for example, making phone calls for people or going to the local shop. They told us, "Sometimes little things can mean such a lot to someone who is sat worrying about it all day."

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

- People and relatives were involved in reviews of their care plan annually or when required. People's choices for their care were sought and respected. People told us that staff knew them well, for example staff understood their routines and how they liked to be supported.

Respecting and promoting people's privacy, dignity and independence

- People told us they had been treated with dignity and respect. One person told us, "Yes they know I want to be independent and they enable me to be." Staff told us of the importance of giving people their privacy as much as able and maintaining their dignity, one staff member told us, "I make sure [people are] comfortable."

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

- We received mixed feedback from people about staff arriving on time. The general manager provided us with information about call logging in and out from staff. We analysed 300 care visits and found only 10 per cent fell outside of the thirty-minute window of the agreed scheduled call time. Therefore, people did receive care on time. Missed calls were rare.
- Records demonstrated that people had regular carers who understood their needs. People fed back to us that staff stayed for the full appointment time.
- Care plans included the necessary information about people's needs including a pre-assessment which had been carried out prior to the start of their care. However, records lacked some person-centred information. One staff member told us, "I think it would be nice to get a bit of a background on what [people] did for a job and their past history" and "It makes it a bit more personal." Care plans also could have been further improved with more detail recorded around moving and handling. We informed the registered manager and general manager of these findings who agreed to make improvements to the care plans. We found that these minor areas for improvement had not impacted on people's care which met their needs. People confirmed to us that their needs were met.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people which included age, disability, gender, marital status, race, religion and sexual orientation. The registered manager told us that anyone with different needs would be treated respectfully and that those needs would be met.

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.

- The service was meeting people's communication needs. They would implement other measures to support people as required for example, one person had whiteboards for the care staff to record information they needed to know or to communicate with other care staff. This was helpful for the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain their independence as much as possible. Staff provided support and encouragement to people to participate in activities of daily living.
- Families and friends were supported to maintain relationships with people and were appropriately

involved in their care. There were good relationships between people and staff which helped to reduce social isolation.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make any complaints but would feel comfortable if they needed to do so and knew how to do so, one relative told us, "I'd just phone the office". The general manager confirmed there had not been any formal complaints since the last inspection but there was a complaints procedure in place should a complaint be made. Minor complaints were dealt with informally. For example, some people had raised concerns about certain staff members who they did not want to visit them. The service ensured those staff members did not visit them again.
- There were cards and compliments from people and relatives that demonstrated positive feedback about the support they had received.

End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life, but staff were able to inform us of how they would provide this care effectively and compassionately.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The service learnt from previous incidents and had a governance system in place. However, at times this system was not fully robust and required improvement. For example, the recruitment records were not all available during the inspection, though the registered manager and general manager provided them after the inspection. Maintaining up to date recruitment records is important as it demonstrates providers have followed processes appropriately to ensure care is provided by staff that are safe to do so. Though the service carried out regular auditing of medicines administration records, actions taken to investigate gaps in the records were not documented. This meant there was no evidence that these actions had taken place to ensure medicines had been administered safely. We spoke to the registered manager and general manager about both concerns and they provided us with assurances that measures would be put in place to prevent them from happening again.
- The general manager took feedback on board and immediately created a spreadsheet where information concerning governance and quality assurance would be recorded and monitored.
- The service had introduced lockable folders to protect the confidentiality of people's care records within their homes. People were offered a choice on whether to have these.
- The general manager had completed a Level 5 vocational qualification in general adult social care.

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

- We received mixed feedback about the communication from office staff to people when carers were running late. For example, one person told us, "sometimes they don't let me know if carers are going to be late". Another person told us, "The agency rings me, but [staff running late] has only happened two or three times." The provider had engaged with people about this concern and had noted in their quality assurance report that they would endeavour to contact people if staff were running late but acknowledged that sometimes this was not possible. This report was shared with people.
- There was a positive culture within the service. The registered manager was approachable and told us, "We have an open-door policy and [staff] know they can come in at any time."
- Staff informed us that they were content working in the service. Comments included, "I'm just proud to work here", "I love it", "I really enjoy it." Staff were confident there had not been any bullying or discrimination in the 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

- The service was open and honest with people and their relatives and fully investigated incidents where things had gone wrong.

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

- The registered manager and general manager were aware of their regulatory responsibilities.
- The general manager told us of the importance of managing the number of new referrals so that staff do not become overworked. They told us, "we don't take on more work than our staff can sustain". A staff member confirmed, "They won't take it on if they can't cover it."

Working in partnership with others

- The service worked effectively with organisations such as the local authority and healthcare professionals regarding people's care. The service had links with local organisations and community groups. The general manager told us they were working to further improve those links for the benefit of people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received feedback questionnaires. The general manager sent us the most recent annual questionnaire from 2018. The registered manager and general manager followed up any concerns noted in feedback or other contact with people, such as care reviews.