

Crocus Homecare Ltd

# Crocus Homecare

## 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 took place on the 3 August 2016. The provider was given 48 hours' notice of the inspection, as this was a small service where people were often out during the day and we needed to make sure that the registered manager would be available to meet us. The service was last inspected in July 2014.

Crocus Homecare is a small community based service registered to provide care and support to people in their own homes. It currently provides care for seven people in their own homes in the Derbyshire Dales.

There was a registered manager in post. 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.

People who used the service were safe in the care of staff from Crocus Homecare. Staff received training and support and told us they were confident to report any concerns they may have, if they felt a person was at risk of harm or abuse. Staff were recruited safely and all pre-employment safety checks were completed before they started working for Crocus Home Care.

Staff received relevant training that prepared them to offer personalised care to people, based on individual need. Staff were supervised and supported by the management team who had the qualifications and experience to manage the service and the staff. People were asked for consent before care was offered and staff understood the principles of the Mental Capacity Act 2005.

People were supported to maintain their health. Food and hydration was monitored where required and people were supported to access community health and social care services.

Staff developed positive caring relationships with people, based on mutual respect and equality. They were compassionate and enjoyed caring for people and improving their quality of life. Families were confident in leaving their loved ones in the care of Crocus Homecare and had nothing but praise for the carers and the management team; who they said, really understood their relative's individual needs and preferences.

People were involved in planning all aspects of their care. Their views and preferences were actively sought and respected by the staff team, whose hours were arranged to provide consistent care for people. Families told us they appreciated the consistency of carers and felt their loved ones were more comfortable when they had the same people visiting them. They also said this enabled their relatives to be cared for with dignity and their privacy was respected.

People received personalised care from staff who understood their individual needs and interests. Families told us the service was quick to respond to changing needs and the registered manager was approachable and took time to understand people's requirements, before agreeing a care plan with them. People met the

staff who would be caring for them, before care began; when all needs were discussed and everyone got to know each other. Families were reassured by the positive caring relationships the staff had with their loved ones and explained how this had a positive impact on the wellbeing of the whole family, who also felt cared for, in the process.

The service routinely sought and responded to feedback and used it to improve the care experience for people and families. The staff were flexible and adapted to changing needs, they told us that people were at the heart of what they do.

The registered manager led and managed the staff team effectively and was committed to providing good quality care, that enabled people to remain in their own homes, for as long as possible. There was a positive and inclusive culture in the service, where people and staff felt valued.

## 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 recruited safely and all pre-employment checks were completed before they cared for people. Staff understood their responsibilities to keep people safe from harm. Risks to people were identified and management plans put in place to reduce the risk of harm.

### Is the service effective?

Good ●

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs. Staff were supervised and supported by the management team. Staff requested consent from people and had an understanding of the Mental Capacity Act (2005).

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and compassionate. People and staff developed positive relationships based on dignity and respect and staff promoted independence.

### Is the service responsive?

Good ●

The service was responsive.

Staff clearly understood people's preferences and respected these. The management sought feedback and used this to improve the care people experienced. The service responded quickly to changing need.

### Is the service well-led?

Good ●

The service was well-led.

Staff were supported by a registered manager who was always available and responsive to any concerns. The registered manager had the knowledge and skills to develop and deliver the service and was keen to improve and deliver a high quality service.

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# Crocus Homecare

## 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 3 August 2016 at the provider's office base. We gave the provider 48 hours' notice because they provide a community based service and the managers are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a community based service.

Before the inspection we reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to gather information to make an assessment of the quality of the service, we looked at a variety of records and spoke to people about the service. We reviewed care records which included needs assessments, risk assessments and daily care logs; management records which included staff records, policies, development plans and evidence of training. We also spoke to the registered manager, a director of the service, a community healthcare practitioner, three care staff and six people who used the service or their families.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm, as staff understood their responsibilities and knew how to report any concerns. People told us they felt safe with the staff and relatives told us they were reassured by the staff caring for their family members. One person told us, "Yes I feel safe. The carers are respectful of me and my home". One family member told us, "My relative is absolutely safe. I couldn't leave here if they were not safe". Another family member said, "My [relative] is safe with the staff, without question. The staff are respectful and friendly and extremely helpful". A third relative told us they were able to get some respite whilst staff were there. This demonstrated that people who used the service and their families were comfortable with the staff and felt safe in their care.

Staff explained how they would report any concerns if they suspected a person was at risk of harm and could provide examples of different types of abuse. We found that staff understood their responsibilities and knew how to keep people safe. We also saw policies that guided staff in how to respond and report any concerns they may have regarding people's safety. All staff were issued with a memory stick of policies and procedures, which included safeguarding and these memory sticks were replaced when policies were reviewed each year.

Risks to people were identified and plans put in place to manage them; whilst still promoting rights, choices and independence. People told us they were involved in assessments which identified their needs and risks, records we saw confirmed this. We saw written assessments that clearly included people's preferences for managing any risks to them, and environmental risk assessments which did not restrict their freedom or independence. For instance, people were encouraged to walk around their home or stand unaided where appropriate, which helped maintain their strength and their independence. Where people were accompanied on trips into the community using their own wheelchair, risk assessments were in place to keep people safe. Staff also used protective clothing, to reduce the risk of cross infection when carrying out personal care or preparing meals. One person told us, "Care staff always use gloves and aprons when doing personal care". This showed that risks were minimised by keeping the living environment safe for people and using protective clothing for infection control.

The registered manager told us they did ongoing reviews with people, they rang regularly and visited people to check they were happy with the care they received. We saw records that documented these discussions with people, along with any comments they made. Staff told us the registered manager also reviewed the effectiveness of care packages with them, to check it was still meeting current needs and circumstances. Where care needs had escalated beyond the scope of the service the registered manager worked with specialist community services who provided additional support and care for people. For instance, when one person had returned home from a stay in hospital, they needed extra support to settle in bed. As staff at Crocus Homecare were not trained to use lifting aids, they called for specialist support from another agency, to ensure this person was made comfortable, safely. This showed that staff knew their limitations and made appropriate referrals to specialist agencies, in order to reduce the risk of harm to people and themselves.

The registered manager told us they do not offer calls of less than 15 minutes. They said this was because they wanted to offer people and staff a safer experience and continuity of care. They said this reduced the risk of poor care associated with unfamiliar staff visiting people, who may lack the personal knowledge of individual needs and preferences. Even though rotas were in place, people generally had the same staff calling at the same time each day or week, as per their care plan. This provided continuity for both people and staff. Before staff went on holiday, joint visits were made to people with the care staff providing cover. The registered manager also told us they too provided emergency cover, a 24 hour on-call system, and had a contingency plan in place to respond to emergencies or severe weather. This meant there were sufficient staff available to provide the care people needed, when they needed it.

Many people who used the service lived with their families, who supported them with their medicines. A relative told us, "I do all the medication, that is my role". Another relative told us, "I take care of the medication for my [family member]". Although the staff did not directly administer medicine to people, they did prompt people to take their medicines or assist people with changing dressings or applying lotions. Before they did so, all staff completed medicines training to ensure they had an understanding of medicines management, their competence was also checked by the registered manager before they were allowed to care for people on a one-to-one basis. The team also benefited from the knowledge of some of the care staff who were retired nurses and were able to share their knowledge of good practice when caring for people. One person told us, "Carers have to help with my dressings, they are always nice to me; the carers I have used to be nurses. I do other medication myself". We saw there were medicines policies in place and we viewed records that confirmed these were shared with staff at induction, discussed in team meetings and training was refreshed. This meant medicine was managed safely.

## Is the service effective?

### Our findings

People received care from staff who had the knowledge and skills to carry out their role and responsibilities. Staff were recruited because of their existing skills, knowledge and experience. The registered manager told us, "All my staff are either ex nurses or experienced care workers and have the right attitudes and values. They are all motivated to provide good quality care for people". One person told us, "The carers I have now are ex trained nurses". When we asked a relative if they felt the carers are trained to do their job, they replied, "Absolutely they are. The carers are very good at their job".

We saw records that confirmed that new staff had completed an induction period, where they were supported by the registered manager and completed mandatory training. They also shadowed other staff and were observed by the registered manager before being assessed as suitable for working alone with people. One person told us, "When the original staff were leaving, a new carer came and shadowed them, to make sure they knew what care I needed". Staff told us the induction process was, "Useful, really good", as they said they had chance to 'get to know' the organisation and people using the service, before working alone. They also said it served as, "a refresher" into care services where they could build on their existing skills and knowledge. The induction was followed for all staff with ongoing training that was identified and sourced to meet the specific needs of people using the service. One carer told us, "I like doing different courses, it's always good to learn new things, for instance we did a refresher on end of life care". Another carer told us, "I've picked up new things that are really useful and I've passed on to other people".

The registered manager told us, "We do ongoing training, but it has to be good quality and relevant, there's no point if we don't use it. For instance we do training on mental health, as this is useful for nearly all our clients, but we no longer do the generic moving and handling training as this concentrates on using hoists and slip sheets which we don't use; so I've sourced more relevant training which will help us support people with moving around safely and supporting them to walk about and remain independent". They went on to say, "The staff have asked for some training on dementia which I'm looking into, but I want good quality training, not just anything that will tick a box, it needs to be meaningful". A carer told us they were doing some online training on dementia care which they said, "Is OK, but the manager is looking for some better quality training, preferably face-to-face so we can discuss things more". This demonstrated that the registered manager took responsibility for the quality of care staff and the quality of care provided.

Staff told us that training and good practice was also discussed in team meetings and supervisions and records we saw confirmed this. We also saw that staff records included evidence of competency checks and observations of care which were conducted by the registered manager on a regular basis. Staff records also included previous care experience and training completed since starting work with Crocus Homecare. This demonstrated that the registered manager was proactive in seeking out relevant training for staff and ensuring that good practice was acknowledged and shared with the team. This in turn had a positive impact on the quality of care people received.

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 reference to people's capacity recorded in referrals and assessments and we saw people had been involved in discussions about their care along with family members where appropriate. Staff told us they had received training on mental capacity and supported people to make their own decisions. A carer explained how they supported a person on trips into the community, in order to keep them safe, rather than preventing them from leaving the house. This demonstrated that staff were aware of people's capacity and supported them to make safe decisions without restricting their rights and choices.

Staff told us they asked for consent from people before providing care and gave people options and choices where possible. They told us how they asked if people wanted support or assistance with anything, for example preparing a meal and did not assume and take control. A relative told us, "The carer very much goes with whatever my [relative] wants"; another told us, "Consent is given, my [relative] and the carer have an understanding and it works". A third relative told us, "I would think so; the carers are really kind and thoughtful". This demonstrated that consent is requested and is an integral part of the care provided by Crocus Homecare.

People were supported to maintain a balanced diet and have sufficient to eat and drink. Where people had support with their meals, staff encouraged independence and participation in the choosing and preparation of meals. One carer told us, "A relative usually prepares something and leaves it in the fridge but if the person doesn't want it, I'll make them something else - whatever they fancy". A relative told us, "Breakfast is prepared by the carer, it's early. My [relative] decides on what they want to eat". This showed that staff supported people to access sufficient food and drink to maintain their health.

People were supported to access community health services in order to support them to maintain their health. Staff told us they accompanied people to health appointments or to collect their prescriptions. The registered manager told us they had positive links with other agencies and were quickly able to access support and advice, if a person needed it. For instance, they had referred to another home care services for specific support when a person required lifting or moving with a hoist or slip sheet after they had returned from hospital. They also had a good relationship with the district nurses who they often saw during their visits to people's homes. The registered manager explained how some people received different types of support from different agencies, which suited their individual needs. They also acknowledged how important it was for these agencies to communicate any changes with each other, in order to consistently provide the right care for people. We saw evidence in care records where staff had communicated with family members and other healthcare practitioners; for example, if people were running out of medicines or had shown signs of side effects with their medication. This ensured that people's daily health needs were met and they received ongoing healthcare support.

## Is the service caring?

### Our findings

Staff developed positive caring relationships with people, based on mutual respect. Staff spoke with kindness and compassion about the people they cared for and demonstrated a real understanding of individual need and preferences. A relative told us, "My [family member] is happy and relaxed in the care of the carers. They have a good laugh and chat with the carers and their mood is often lifted". Another relative told us, "The regular night carer is one of my [relatives] favourite people. All the staff are nice, I have total faith and trust in the care that is given by the carers". A carer said, "This service is so needed, people need more than just personal care". Another carer said, "We provide lots of social support, that's what people need for their wellbeing, we make a difference; we support the whole family". One carer spoke of feeling "Bound to the people I care for". However they also acknowledged, "The need to stay professional and keep a respectful distance, so people do not become dependent on us as individuals".

One person told us, "One thing I like is that the company is small and it's a personal service, the owner understands my needs. The owner is like a friend, they offered to see if another agency could assist with some of the care package as my needs are so specialised." This person went on to say, "The staff at Crocus Homecare really listen to me and support me with my condition". The registered manager explained how they offered to help this person find specialist care for some aspects of their care needs but were unable to do so due to the reluctance of some services to provide the time and skills required to meet this person's needs. Since then, Crocus Homecare have reviewed this person's care package with them and made changes to suit the preferences of the person, which included having the same two staff providing care on a rota basis. It was clear from discussions with this person, the registered manager and the staff providing the care, that there was a mutual respect for each other and the care staff were professional, compassionate and provided care that promoted this person's rights, dignity and preferences.

Relatives told us how they too, were supported by the care staff, either because this gave them some respite from caring, or because of the additional support for practical activities that the staff provided. For instance, a relative told us, "I do all the cooking, but one of the carers likes to help me by doing the preparation of the meal. They leave it ready with a little note, when to put in the oven and when it will be cooked". Another relative told us, "If my [family member] wants a rest the carer will do something to support me – put the washing out or do the washing up". A third relative told us, "Sometimes they help me with the laundry or I find them odd jobs to do". Relatives told us they couldn't manage without the support offered by the staff, one relative said, "The ethos of the agency is so caring, I don't feel it is a business, it's more than that, I feel cared for too". Another said, "I can't think highly enough about the carers who come here and the support they give to my [relative] and me". A third relative told us, "The staff are very respectful and helpful, I think the carer is very fond of my [relative]". This demonstrated that staff were person centred and not task focused, as they cared about the whole family not just the person receiving care. Their presence in the family home supported the wider family and provided respite for family carers.

People were supported to be actively involved in planning their care. Their views and preferences were sought and respected by staff, who also promoted their right to be treated with dignity and respect. Staff provided examples of how people made their own day-to-day care decisions, from choosing their clothes,

the towel they wish to dry with, their meals and their leisure or domestic activities. Family members told us, "The carers always give my [relative] time to answer questions; they are very kind and respectful". Another said, "My [relative] is very repetitive but the carer still sits and has conversations with them". A third relative told us, "The staff speak with respect and always speak very nicely to my [family member]". A carer told us, "I like it that we have time to sit and chat and get to know people and their characters", another said, "I love my job, we sit and watch the news and chat away, it's lovely and so important for people to have someone to talk to". This demonstrated a respect for people, their individuality and their interests.

People were treated with respect and dignity; and their independence and privacy was promoted by caring staff. The registered manager told us how they purposely kept the service small in order to ensure consistency of carers for people. They explained how people preferred to have the same carers especially for their personal care and how this helped maintain their privacy and dignity. One person told us, "I prefer to have the same two carers on a rota". A relative told us, "It is hugely beneficial to have the same staff; I don't have to start again explaining what is needed". Another said, "It's usually the same three or four who come on a rota, my [relative] likes them all". A third relative said, "It's usually the same person but the others are equally as good". The registered manager told us they provided cover in emergencies or for holidays and this helped with consistency for people. Many staff worked part time hours and they told us they were willing to do extra hours over the holiday periods, so people had consistency and they didn't have to use agency staff who wouldn't know the needs and preferences of individual people. Staff told us they usually shadowed each other before providing holiday cover, so they knew how to meet individual needs and expectations. This ensured that people were able to build relationships with staff who understood their needs and preferences and promoted their dignity and right to privacy.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. We saw evidence in care plans of how people had contributed to their assessments and care plans, their comments, preferences and choices were clearly recorded. This was supported by evidence from daily records that provided detailed information on what care was provided and matched the preferences recorded in the original assessments. For example, one person stated they required support to get in the bath but then preferred to be alone when bathing. Daily records demonstrated that this happened and what 'jobs' the carer did whilst the person was bathing in private. Another person told us, "The staff really listen to me and support me with my condition". Staff told us of one person who had very particular expectations on how their care was provided and even though it would be easier and quicker to provide care with two staff, it was the person's preference to only have one carer at a time. Staff said, even though it made the call longer, this was agreed in the care plan and was respected by the staff providing the care.

The registered manager said they constantly reviewed people care needs and were in regular contact with people to check their satisfaction with the service. People confirmed the registered manager was available and responsive to their changing needs. One person told us, "The owner came to see me about three years ago and told me what they could offer me. The agency took an interest in me and my condition. Care staff are in very short supply especially for people with specialist needs, the care staff here really listen to me". Another person told us, "They are very flexible, this week the carers rearranged my care as I had a hospital appointment". A relative told us, "If there needs to be any changes to the care plan, the family talk to the owner and it is discussed and changed, the company is very flexible". Another relative told us, "There was lots of information about the company and what they offered before we started the care. The owner came out to see us and they were fantastic. By the time care started I felt they really knew my [relative] and me and what our needs were. The company had researched the condition". This demonstrated that care needs were identified, assessed and reviewed and that staff took time to understand people's particular health needs and conditions. The service also responded quickly and flexibly to meet the changing needs of people who used the service.

One carer told us they sat with people and talked about their interests, watched programmes with them and looked at books or magazine articles together. They explained how this stimulated conversation and enabled people to continue exploring their interests or hobbies. They also told us of occasions where they had accompanied people to events or places of their choosing, in order to maintain their interests. Another carer told us of how they had responded to a wish from one person to attend church on Sunday but they had no one available to take them. The carer checked with the manager and it was agreed that the call could be changed to Sunday, so they could accompany this person to church. This discussion was recorded in the person's care records and showed that the service supported people's cultural needs and were flexible with the care they offered.

Staff also told us of occasions when they had walked to work in snow and floods, and swapped rotas to ensure people received care in poor weather. One carer also told us of an occasion when they had fed the pigs for a person when the snow was too deep for them to get out safely. Another carer told us, "We are a

little bit out of the box, we're not just there for five minutes, we get to know people and people feel confident with us, they know they can rely on us". This demonstrated responsiveness to individual needs beyond the care package and a respect for the things that were important to the individuals.

The service routinely sought and responded to feedback, learning from people's experiences and improving the quality of care. People we spoke to had high praise for the agency and staff, there were no negative comments. They were also keen to tell us how good the care givers were to themselves or their family member. People and families told us they would contact the registered manager if they had any concerns or complaints, but they were all quick to point out that this had not been necessary as they were so happy with the service and the care received. One relative told us, "There are no complaints, I can't think highly enough about the agency, if I had any concerns I would voice them to the carer and then speak to the owner". Another relative said, "Oh I have no complaints. I would discuss with the owner, but I do not have any complaints". A third relative said, "We are very satisfied and very pleased there are no problems at all". People told us, if they felt any aspect of the care needed changing they would not hesitate to contact the registered manager and were absolutely confident that things would be changed.

We viewed the complaints file and saw how the registered manager had responded to the only complaint they had received in the last two years. We saw that they had taken all appropriate action to investigate the concerns raised by relatives about the moving and handling techniques of the carers. This included discussion with the carers involved and other agencies present during care. We saw how they had reached their conclusion, how this was communicated to the family and how they had put the learning from this incident into practice and changed the way they offered care to people whose needs included the use of moving and handling equipment. We found this to be a very thorough investigation and a good example of how the service learnt from people's experiences of care and complaints.

People told us they had not been asked to complete a survey or questionnaire, but were quick to point out that it would be unnecessary as the registered manager rang them or visited regularly, to see how things were. A relative told us, "The owner phones on a regular basis to see if all is going well. The agency ethos is so caring". Another relative told us, "I am always able to text the owner or the carer to let them know any changes the family feel are needed". A third relative told us, "The owner rings us to make sure everything is OK". The registered manager kept a record of all contact they had with people and their families. We viewed these records and saw evidence of discussions with people about their care and any reviews of care packages that met changing needs or preferences. The registered manager explained that some people preferred particular carers depending on age or gender and this was respected by staff. We saw evidence of such requests in people's care plans and the daily records confirmed that this happened. This demonstrated that the service actively listened and responded positively to comments and the changing care needs of people who used the service and their families.

## Is the service well-led?

### Our findings

The service had a positive culture where people, families and staff felt valued. One person told us "The owner really understands the care I need". A relative told us, "The owner listens. They seem to know when things are not as easy with my [relative] as they could be. The owner talks to me and gives me advice". Another relative told us, "It is a wonderful agency, the care given to my [relative] and me. The owner had done their homework and I really felt they knew the situation and we knew them before the service started. I have every faith and trust in the carers". One relative summed it up by saying, "I couldn't cope with the care of my [relative] if the carers were not here. I am so lucky to have them come here. They are so reliable and caring, just really good, kind and thoughtful. The carers are really nice people". Staff told us how people were at the heart of the service and the service was developed to meet their individual needs. This was evidence of a person centred culture that was embedded into the service and the care people received.

Individual staff told us they felt they were a valued member of the team and the registered manager recognised their individual skills and experiences. One carer told how she was asked by the registered manager to present a training session to the team, based on her previous experiences of care in nursing. This person told us how this made them feel valued and respected and encouraged them to keep their knowledge up-to-date. Other staff explained how they were asked for support on developing aspects of the service. This gave them development opportunities beyond caring for people and gave them an insight into the business and expanded their knowledge and skills. All staff we spoke to commented on the availability and support of the management team, "I can ring anytime, there is always someone available". Another carer said, "I feel involved in the organisation, the managers are nice people, they trust us". Another carer said, "I love that this is a small agency, they want quality rather than quantity. There is a good mix of staff, a nice balance of younger and older, with lots of different experience. This demonstrated a respect for individual skills and a level of inclusivity which empowered staff.

Even though the service is community based, and staff did not visit the office on a daily basis, they told us they felt supported by the management team who they described as "always being there". One carer said, "[Registered manager] does stay in contact with us, so I don't feel isolated even though I am lone working. I speak to them three or four times per week". One carer told us of an occasion when they had called the office during a care visit and the registered manager had come out to support them and offered guidance. They told us they found this reassuring and felt supported by the manager who looked on this as a positive request and not as an opportunity to criticise their lack of understanding or confidence. During conversations with staff, they demonstrated to us that they understood their roles and responsibilities and were confident in the knowledge and support from the management team. A carer told us, "[Registered manager] has always been fair with me". They told us this motivated them to do well and improve their practice, for the benefit of people who used the service.

We saw records of team meetings, supervisions and staff contact logs, which demonstrated that the registered manager took responsibility for developing the knowledge and understanding of the staff team. Team meetings were used as learning opportunities, where the team reviewed policies, procedures, shared good practice, discussed improvements and ideas for development. This was also discussed individually in

supervisions and appraisals, where staff told us they felt confident to raise any concerns and discussed 'anything' with the registered manager. This meant that the roles and responsibilities of individual team members were understood by staff who also felt part of the wider team. This was also an indicator of good staff management.

The registered manager ensured all the relevant reports and notifications were sent to the Care Quality Commission (CQC), or commissioners as required. They also cooperated with any associated audit or contract management visits. One carer said, "[Registered manager] is really good and on top of things". We saw records of contract management reviews with commissioners and saw evidence that these were fed back to the staff in team meetings. In this way the team were kept informed of how the service had performed and were involved in any discussions regarding improvement or development, which they found empowering.

The registered manager told us, they had positive relationships with a range of community based health and social care services and provided joined-up services to people, that aimed to meet all their needs. They provided examples of how they had worked together to resolve particular issues for people. For example, when a person was admitted to hospital and unable to visit a relative in their nursing home; staff worked with the nursing home to accompany the relative from the nursing home to visit this person in hospital. This provided reassurance and comfort to both people who could see that each person was being cared for. The registered manager felt this had improved this person's wellbeing and enabled them to recover from their illness and return home more quickly than expected.

The registered manager explained that this was only possible because of the willingness and flexibility of the carers and a desire to care for people and improve their quality of life. They also said this was why they did not do 'short calls', as the things that people needed support with, took time and patience to respond to. They explained to us, "We like to work at the pace of people using the service; we are driven by individual care needs not by time slots". They explained how their service was different to others in that they provided more social support and companionship, which is what people wanted. However, they also provided personal care for people where agreed in the care plan and supported people to access health services and maintain a healthy lifestyle of their choice. This demonstrated that the provider worked in partnership with other services to ensure people received holistic care and support, that was joined up and effective. This was also evidence of good management and leadership.

We spoke with a health practitioner who told us they had a good relationship with Crocus Homecare and had no complaints about the quality of care people received. This was echoed by a social care practitioner who refers people to the service. They said there was, "Good quality of communication whether by phone or email (and) prompt professional response at all times" from Crocus Homecare.

Through discussion with other care support services and agencies that referred people to them; the provider had identified gaps in current service provision. They talked to us about plans they had for providing day services for people or holding events where people could meet up. This demonstrated good leadership and innovative ways of improving and providing care for people; which indicated that this was a service with a vision and not just a static service.

The registered manager showed us how they monitored quality within the organisation which included - reviewing care plans, maintaining staff records and keeping logs of all contact with people, staff and other practitioners supporting people. This provided a useful audit trail for case tracking or reviewing practice and care. We also saw how they had responded to comments and complaints to improve people's care experience. People confirmed that the registered manager contacted them to check on the quality of care

they received and records we saw confirmed this. Quality assurance was a fairly simple process of checking records and asking for feedback from people. However, this was an effective method given the size of the organisation; and the fact that the registered manager knew everyone who used the service. There was little need for extensive analysis of audits, reviews and feedback, as the service was so responsive to changing needs. Overall, we were satisfied with the provider's quality assurance processes and their commitment to providing high quality care and choices, for people who wished to remain in their own homes.