

## Crocus Community Care Limited

# Crocus Community Care

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Crocus Community Care is a domiciliary care agency 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 inspection, the service was supporting a total of 25 people, with 10 people receiving support with personal care.

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

Care plans and risk assessments were in place setting out people's support needs, but some required a review to ensure they were up to date. Supervisions and spot checks took place informally to ensure staff were supported and competent in their roles

We have made a recommendation about the recording of the level of medicines support required in care plans and a recommendation about medicine competency assessments.

Infection prevention and control (IPC) measures were effective, including the safe management of COVID-19. Whilst there had been no new staff recruited since the last inspection, care was provided by a small, long-standing staff team who knew people well. Lessons were learned from accidents and incidents to reduce the risk of reoccurrence. Staff were confident in how to raise safeguarding concerns.

Assessments were carried out on people's care and support needs, involving people and their families in the care planning process. Staff had access to online training to develop their skills and knowledge, although some practical training had been impacted by the COVID-19 pandemic. People were supported with food and drink, and staff knew their preferences and choices. The service enabled people to access healthcare support, such as district nurses, GPs and other professionals.

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.

Staff were described as caring, compassionate and kind. People told us they often went 'over and above' to make them feel comfortable and cared for. People's privacy and dignity were upheld, and their independence promoted.

The service was described by people as being responsive, with extra visits and support often available if required in response to people's changing needs. Communication methods had been considered for people if additional support was required to make information accessible. Staff built rapport with people to reduce the risk of social isolation. Where complaints had been received, this had been followed up openly by the

manager and advice sought from external agencies such as the local authority where required. A policy and procedure was in place in case staff needed guidance on supporting people receiving end of life care.

There was a positive and inclusive culture at the service. Oversight and governance systems were in place, including audits, for the purposes of quality assurance. The provider was open and transparent and understood regulatory requirements and the duty of candour. We received feedback the service worked well with other professionals to secure good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 6 November 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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.

#### Inspection team

The inspection was carried out by 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 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 are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection, due to the majority of the inspection being carried out remotely to reduce the risks of COVID-19. Inspection activity started on 17 September 2021 and ended on 12 October 2021, during which time we reviewed documents provided and made telephone calls to speak with people, their relatives and staff. We visited the office location on 5 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 six people who used the service and one person's relative about their experience of the care provided. We spoke with six members of staff including the registered manager, care manager, administrator and three care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- People had care plans and risk assessments in place with information on how to support people in line with their assessed needs. This included areas such as mobility, continence, nutrition and the home environment.
- Established staff knew people and their care and support needs well. However, it was not always clear from care plans the level of support people required with their medicines. One person's care plan stated they did not have any support with medicines, but had a Medication Administration Record (MAR) chart in place.

We recommend the provider reviews care plan records to ensure the level of medicines support required is clear.

- Staff told us they received training and had their competency assessed on administering medicines, although this was not being formally recorded.

We recommend the provider consults best practice guidance and formally records annual medicine competency assessments carried out.

- Despite this, people told us they were supported with their medicines safely and this was set out on people's MAR charts where appropriate. One person told us, "They follow the chemist's chart and record exactly what they have given me and when."
- Staff told us they could contact the office with any queries about medicines and received regular updates of any changes. One care worker told us, "[Person] has just gone on antibiotics, we all got a message to say they are on antibiotics and this is when and how it is taken."
- MAR charts were audited by the manager on a monthly basis, and any gaps identified, followed up to ensure medicine had been given safely and as prescribed.

### Staffing and recruitment

At the last inspection we recommended the provider thoroughly review its recruitment processes to ensure they were compliant with legislation and best practice.

- As there had been no new staff recruited since 2018, the provider could not demonstrate this working in practice. However, the registered manager told us they would fully review all requirements prior to starting the recruitment process.

- Although the registered manager told us they had experienced challenges with recruitment, there was very good staff retention within the organisation. Staff members told us they had worked at Crocus Community Care for many years. One care worker said, "I like working for this company, it is a smaller company and they [the manager] are approachable."
- Any staff absence was covered by existing staff and the office team to make sure people received their visits to meet their assessed needs. One person said, "I know they are short of staff especially during the school holidays but they seem to be very organised and never let it show arriving cheerful."
- People told us they received weekly rotas on who would attend. They told us staff were mostly on time, stayed for the full visit time and would inform them if running behind. One care worker told us, "We ring ahead if we are going to be more than 15 minutes late."

#### Systems and processes to safeguard people from the risk of abuse

- Measures were in place to safeguard people using the service. This included raising concerns with the local authority safeguarding team where people were at risk of harm.
- Staff felt confident any concerns raised would be followed up appropriately by the manager and knew how to report concerns externally if required. One care worker told us, "They [the manager] would come out with me to see my concerns and then a plan could be put in place."
- Everyone we spoke with told us they felt safe with the care workers who attended. One person said, "I feel very safe and look forward to the carers' company."

#### Preventing and controlling infection

- People described care workers using correct personal protective equipment (PPE) and other measures to ensure good hygiene. One person said, "They wash their hands as soon as they arrive, and all of the carers put a mask on before entering my home. They also use disposable aprons and gloves and wipe the surfaces down before doing my meals and after."
- Staff told us they were provided with PPE and training to keep them and the people they support safe. One care worker told us, "Oh yes, they [the management team] are very strict with PPE. We go up on a Friday and get our rota and PPE."
- Policies and procedures were in place for the safe management of COVID-19. An oversight system ensured staff were tested for COVID-19 in line with government guidance. Staff were also supported to get their COVID-19 vaccinations.

#### Learning lessons when things go wrong

- The need for more clarity in care plans about the level of medicines support had been identified at the last inspection, but had not been fully rectified.
- Whilst there were very few incidents or accidents at the service, lessons learned were shared with the staff team where these did occur to reduce the risk of reoccurrence.



# 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

- Assessments were carried out by the service on people's needs prior to commencing care and support. The registered manager told us they made sure they could meet people's needs before agreeing to provide care for them.
- People told us they were involved in the assessment, care planning and review process to ensure this reflected their needs and choices.
- One person told us, "My daughter as well as myself, were involved in the setting of my care plan and we are very happy with its contents." Another person's relative told us, "Someone from the company came and sat with me and we talked about [person's] needs, the equipment required that would be supplied by the hospital and the number of times per day carers would need to come."

Staff support: induction, training, skills and experience

- Staff were supported through regular contact with the office staff and by management carrying out care visits alongside them to check their competency and skills. One care worker told us, "Yes, we have our supervisions and our spot checks. They ask you, 'What do you want to do more of? What courses do you want to do?' They ask are we happy, do we feel safe, anything they are not 100% on for us they will say."
- People told us they felt care workers were knowledgeable in how to support them. One person said, "I feel the staff are well trained and definitely know what they are doing."
- Staff told us they regularly updated their skills and knowledge through on-line training. One care worker told us, "We do our e-learning all the time." However, not all staff had received their annual practical moving and handling refresher training.
- The registered manager told us the formal supervision and appraisal process and ability to hold face to face moving and handling training had been impacted by social distancing requirements during the COVID-19 pandemic, but there were plans to address this going forward.

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

- People told us they were supported with their food and drinks. One person said, "They ask me what I would like and do it for me. They always make me drinks and ensure that I have a glass of water nearby for during the day."
- We saw the food people ate was recorded in their daily care notes. The manager knew people's choices and preferences, and told us how one person, "Always likes a boiled egg and toast in the morning and a bacon sandwich in the afternoon."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People told us they were supported to access healthcare support where required, including being accompanied to hospital visits. One person told us, "[Care worker] is quick to pick up anything amiss and will ask me if it is okay to ring my GP when I am unwell and they are worried about me." Another person told us, "The carers know I have heart problems so will ring for the paramedics whilst the manager will come and sit with me until they arrive."
- Oral healthcare needs were considered in people's care plans so support could be provided if required.

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.

- Since the last inspection, the registered manager had introduced a new section to people's care plans to identify whether they had a legally appointed representative or advocate in place.
- Where we identified one person's care plan who required this additional update, this was completed straight away, and evidence supplied to us by the registered manager.
- People told us they were always asked for their consent before any care or support was carried out. One person told us, "They don't do anything without asking for my consent."

# 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 told us they found care workers to be kind and caring. One person said, "All the staff are very kind, compassionate and genuine so I feel I am always able to speak to them if worried, upset or unwell." Another person told us, "When it was my birthday, they put my cards up on a shelf for me so I could see them. It is the little acts of kindness that makes you appreciate them."
- We also received feedback on how care workers supported and involved people's relatives. One person's relative told us, "They always ask how I am as well as my [relative]. If I am feeling tired or down, they tell me to go and sit down and have a coffee while they see to [person's] needs."
- People told us they would recommend Crocus Community Care to others.

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

- Staff told us they had time during care and support visits for people to talk to them and express their views. One care worker told us, "I think the most important thing is to have the time to actually listen to people, that is why I work in social care."
- People told us their views and decisions were respected in relation to their care. One person told us, "In the beginning it was my choice to have one regular carer but I started to feel that I would be better off having different carers so I got a change of communication and interaction and that has been actioned."
- Care plans were signed by people or their representatives to confirm their involvement in decision-making processes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect, and their privacy and dignity upheld. One person told us, "They always keep my curtains drawn until I am dressed so neighbours can't see in when getting ready for the shower." Another person said, "I am quite impressed as they are very much protective of my dignity."
- Feedback received also showed care workers proactively supported people's independence where possible. One person said, "The carers will often do little bits over and above what they have to do and as part of encouraging me to be more independent have taught me how to do my own shopping online."

# 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 the service was responsive and accommodating of their changing needs. One person said, "I can always speak to [staff member] if I am unwell and need an extra call at lunch time or evening and they always provide that extra help. They are really great with this and very flexible." Another person said, "If I ever need extra help I know they will provide it."

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.

- Care plans contained information on any additional communication needs, such as whether people required glasses or hearing aids. Care plans also set out how other ways in which people might communicate, such as through the use of sign language.
- The service ensured people could access the information required to reduce any anxiety. For example, everyone received a roster with their weekly care visits. One person had their next care visit written in large print on a whiteboard, so they knew who to expect and when.

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's interests were recorded in their care plans for care workers to access.
- People told us they enjoyed a good connection with visiting care workers, and this helped reduce feelings of social isolation. One person told us, "My regular carer knows I am interested in cooking and we do talk about food, what she has cooked, and I have cooked, as it is a subject we are both keen on. All the carers who come chat away to me and cheer me up."

Improving care quality in response to complaints or concerns

- Information was available to people in their care plan folders on how to complain if required.
- One person told us, "I have never had to make a complaint, but I know if I was unhappy and rang the office, they would resolve whatever it was to my satisfaction. In the folder they have left here contains the information on how to complain and to whom, but I am really happy with the service I am receiving."
- We saw complaints were responded to appropriately and information discussed with external organisations where required. The service had also received a number of compliments which were shared with the staff team.

#### End of life care and support

- At the time of inspection no one was receiving end of life care. The registered manager told us they had supported people to access residential care as their needs became more complex, in partnership with people, their relatives and healthcare professionals.
- Policies and training on end of life care were also available for staff to access.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The office team consisted of the registered manager, care manager and administrator. Staff were long-standing and knew people's care and support needs and preferences.
- There were clear aims and objectives in place for the service, with a focus on meeting individual needs and promoting independence, health and wellbeing.
- Governance and oversight systems such as regular audits were in place to ensure good quality care was being provided. Policies and procedures were regularly reviewed and updated to reflect changing guidance, such as the management of COVID-19.
- Staff told us they felt supported and described an open and positive culture. One care worker told us, "I've been proudly working for Crocus Community Care for years and they've been supportive and helpful employers, as well as being dedicated to genuine person-centred care which is a big priority for me."
- Systems were also in place to support staff wellbeing and ensure open lines of communication. One care worker told us, "It is a lovely group [of staff] and there is always someone [from the management team] at the end of the phone."

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 provider was open and transparent when something had gone wrong. We saw they followed up with external agencies such as the local authority to ensure all the necessary steps had been taken to rectify any errors or concerns and reduce the risk of reoccurrence.
- A duty of candour policy was in place at the service.

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

- People told us there was good communication with the management and office staff if they had any queries and felt confident this would be responded to in a timely way. One person said, "It is very easy to get through to the office by phone and they are always helpful and do their best to answer your questions and alter timings if necessary and possible."
- Surveys had been carried out to check whether people were satisfied with the service, and action taken as needed when any issues were identified.
- Staff meetings were held where topics such as medicines, infection prevention and control and updates

about people's care and support needs were discussed. Meeting minutes and memos were made available to staff.

- The service had reflected on the challenges and achievements arising from the COVID-19 pandemic in order to look at areas impacted and drive improvement.

#### Working in partnership with others

- The service worked in partnership with others to ensure good outcomes for people. One professional described good lines of communication regarding people's changing needs. They told us, "I have always found that the carers give excellent care and treat their clients with compassion and respect."
- Records showed that appropriate referrals were made to health and social care professionals, such as the GP, district nurses and social workers. People we spoke with confirmed this to be the case.