

Croft Healthcare Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Croft Healthcare is a domiciliary care agency providing personal care to adults living in their own home. During our inspection visit, the service was caring for 30 people.

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

Relatives were positive about staff and told us the service provided safe care to their loved ones. However, during this inspection, we found some aspects of the service had not always been managed safely.

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. However, the provider needed to improve the recording of relevant discussions and decisions about the care of people who lacked capacity to make decisions.

Quality assurance measures in place had not always been effective in identifying or addressing the issues found during this inspection.

Most areas of staff recruitment were safe, however, we found evidence confirming staff had started working before the required DBS checks had been completed. We have made a recommendation for the provider to review this area. The provider was not always recording when equipment used to move people had passed the relevant safety checks. This was discussed during the inspection, and immediate action taken.

Overall, medication was managed safely but there were some aspects where recording of medication support was not in line with the provider's medication policy and good practice guidance.

Although staff had the necessary skills, training and support to carrying out their jobs safely and effectively at the time of the inspection, we reviewed evidence showing staff had started working without completing all the mandatory training.

People received support to maintain good nutrition and hydration and their healthcare needs were met. The provider kept in close contact with relevant healthcare professionals.

Most care plans were detailed, and person centred. Complaints were well managed by the service.

We received positive feedback about the management team being approachable and responsive. During this inspection, they were receptive to the inspection's findings and acted on the issues identified or told us the actions they would take.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 and update

This service was registered with us on 15 February 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Croft Healthcare Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 April and ended on 9 May. We visited the location's office on 26 April 2023.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from

other stakeholders. These included the local authorities safeguarding teams, commissioning teams and Healthwatch Leeds and Wakefield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with three relatives of people using the service. We spoke with five staff members; this included care workers, the registered manager and development manager.

We looked at care records for three people using the service including medicine administration records. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At the time of our inspection, staff had their DBS checks in place and were safe to work with people. However, we reviewed evidence confirming staff had started working before DBS checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Other aspects of recruitment were managed safely.

We recommend the provider reviews and implements regulations and good practice guidance in relation to recruiting staff safely.

- People were supported by a consistent team of regular carers and feedback received from relatives confirmed staff arrived on time and contacted them if there were any issues with arriving late. One relative told us, "No missed visits and [care workers] always arrive at agreed times."
- There was an electronic monitoring system in place that allowed the registered manager to monitor staff attended the call on time and stayed for the correct length of time. This helped manage the risk of missed or late visits.

### Using medicines safely

- Overall, medicines were managed well. We did not identify any medication errors and people received their medicines as prescribed.
- However, we found the provider was not always following their own medicine policy and good practice guidelines in relation to recording the support provided to people who needed to be reminded or prompted to take their medication. We discussed this with the registered manager and they told us the action they would take to address this.
- Regular medication audits were being completed by the registered manager and when issues were identified these were addressed timely.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency had been regularly checked.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most risks to people's care were assessed and actions put in place to manage them. We found some examples where additional detail was required to evidence the risks and control measures in place and this was promptly amended by the registered manager.

- The provider was not always recording the equipment staff used to support people with their moving and handling requirements was safe to use and had passed the Lifting Operations and Lifting Equipment regulations. We discussed this with the registered manager and they took immediate action to record this information.
- The registered manager showed us how they monitored any accidents and incidents happening to staff and people and actions taken, when appropriate. For example, after falls were noted in relation to one particular person, the registered manager requested a reassessment of this person's needs and additional equipment was put in place.

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

- There were policies and procedures in place in relation to safeguarding and whistleblowing and staff had their safeguarding training up to date
- In our conversations with the registered manager and staff, we were assured appropriate steps would be taken, when required, to protect people from abuse, neglect or harm and the relevant authorities contacted.
- Relatives told us their loved ones received safe care.

#### Preventing and controlling infection

- People were protected against the risk of infections because the service followed safe infection and prevention control procedures.
- Staff had completed training in infection control and food hygiene and told us protective equipment was made available.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We did not find evidence that people who lacked capacity to make decisions about their care and support were receiving care that was not in their best interests, however the provider was not always following their own policies and best practice guidance in relation to the MCA.
- Mental capacity assessments completed were not decision specific. After our visit, the provider showed us the additional information they had added about people's ability to give consent about specific areas of their care. These records still did not cover some aspects required in a mental capacity assessment and best interest decision record.
- We discussed with the registered manager about the care arrangements of one person which could amount to a possible restriction of their liberty. They told us they would take immediate action to discuss care arrangements with relevant healthcare professionals and relatives.

Systems were not robust enough to ensure consent was recorded in line with requirements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us staff listened to people and asked for permission before supporting with care tasks.

Staff support: induction, training, skills and experience

- Relatives told us staff were knowledgeable and skilled. One relative described how carers were patient and competent at managing strong emotions expressed by their loved one, who lived with dementia.
- Staff received varied recent mandatory training, but we found evidence confirming staff had started working independently before receiving all required training, this included practical moving and handling training. After our inspection visit, we reviewed additional evidence showing these staff members had completed supervised induction in moving and handling; the development manager told us this action was taken to ensure staff were able to safely carry on these tasks while waiting for practical classroom training to become available.
- Staff completed an induction programme and shadowed experienced members of staff before starting to work independently. Staff's induction records did not detail all the areas the registered manager and staff told us were covered during this period. We discussed this with the registered manager, and they told us they would review documentation used.
- Staff were supported by regular supervision and told us their supervision meetings were supportive.

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

- The service carried out an assessment of people's needs before the service began to provide care and support. This ensured people's care needs and preferences were at the centre of the care provided.
- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's communication requirements were assessed and included in their care plans as well as people's health conditions.

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

- People's nutritional needs and preferences were included in their care plans.
- Care notes mostly described the support provided around people's nutrition and hydration and was consistent with their planned care. One person required thickened drinks and although this was managed by their relative, at times, staff could support with a drink while on an outings. We discussed with the registered manager that care records needed details of the support to be provided in line with prescribed directions. The registered manager told us immediate action would be taken to ensure this was in place.
- Staff described how they support people to choose and prepare their meals and drinks.

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

- The registered manager was knowledgeable about people's health needs and people had been referred to health professionals when required, to address any changes in their needs.
- The service kept in close contact with relatives and relevant healthcare professionals such as district nurses and social workers for guidance and support. One relative told us, "They [care workers] will ring the GP or out of hours call if needed, carers stay with [person] if needed."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Records reviewed and feedback from relatives showed they had been involved in planning and reviewing care plans.
- The provider contacted people and relatives and asked them for their feedback about care. Any comments or concerns raised, were actioned in a timely way.

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

- People were supported by staff who were kind and caring. Relatives' comments included, "They [care workers] are very good, we are both very happy with them. They are friendly and efficient"; "I think they try their best" and "Staff are really friendly."
- Relatives were pleased with the support provided by staff and their approach. Comments included, "They try and engage [person], if [person] is feeling angry, they leave the room and then come back. They try everything."
- Care plans were person centred and included people's views about how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- The service encouraged people to be as independent as possible. The registered manager told us about the support they had provided to a person to access a specific piece of equipment that was going to improve their independence to mobilize and enable them to access other areas in their home.
- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care.
- People's records were kept securely in the office and electronically.

# Is the service responsive?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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 care plans were centred around their needs and most included relevant details about their health and care needs, preferences and relevant people involved in their care. We saw clear guidance on how to meet people's individual needs. For example, how staff should support a person with their morning routine.
- People were supported by staff to participate in activities which were meaningful to them. Some people were supported to access services in the community. For example, one person enjoyed going to a specific shopping centre and park; records showed this happened regularly.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was working within the AIS. Specific communication requirements were described in people's care plans and staff told us how they would follow these to effectively communicate with people.

### Improving care quality in response to complaints or concerns

- Relatives told us they did not have any complaints but knew what process to follow if there were any, and they were confident the registered manager would promptly act on any issues raised. One relative gave us an example of how the service had been responsive to their feedback, "A member of staff was new, I said I was not happy, they listened to me, they took it on board, I could see they talked to the staff and made changes."
- Systems were in place to record and investigate any complaints.
- There was a complaints policy in place that was being followed.

### End of life care and support

- At the time of our inspection, the service was not caring for people who required palliative care. However, the registered manager explained to us how they worked in partnership with GPs, district nurses and other healthcare professionals to support people to have a dignified, pain free death.
- Staff had received training in this area.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found management oversight had not always been effective in ensuring the service was following good practice guidance and its own internal policies.
- Quality assurance checks were in place however, these had not always been effective in identifying and ensuring the necessary improvements had been acted upon. For example, medication audits were completed but these had not identified the issues with recording of medication found during this inspection. Audits on staff's files were being completed, however these did not identify issues with DBS checks and training issues identified during these audits were not actioned. Care plan audits were being completed but these did not identify that MCA documentation was not being completed.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This could place people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences.
- Relatives knew the registered manager by their name and shared positive feedback about the management of the service. Their comments included, "I think they are very diligent"; "I would speak with registered manager if I had any issues, me and [name of registered manager] get on very well."
- Staff also told us the registered manager was approachable and they would not hesitate in contacting them for any advice or support.
- The management team told us about their plans to expand their service to people under 18 years old and for people living in supported living services. They told us the work they knew they needed to do to be able to provide care in those areas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from relatives consistently indicated they were satisfied with the care their loved ones received. One relative said the care was "Spot on, cannot fault them."
- The service involved people and relatives and sought their views. This was done during assessments and via feedback forms. The registered manager told us about their plans to send surveys to people and

relatives.

- There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they would be listened to.

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 registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.
- The relevant statutory notifications had been submitted to CQC when required.
- The provider was responsive and open with the inspection process; they told us they would quickly act on our recommendations and demonstrated a willingness to continuously learn and improve.

Working in partnership with others

- The service worked in partnership with the wider professional team such as GP and social workers to deliver good outcomes for people.
- The registered manager also told us they were in contact with other domiciliary care providers for support and improve their practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to ensure consent was recorded in line with requirements and quality assurance systems in place had not always been effective.