Castlerock Recruitment Group Ltd

CRG Homecare - Rotherham

Inspection report

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23 July 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

CRG is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The registered provider is CRG Homecare Limited. Not everyone using GMC receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'. This means help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection took place on 17 and 23 July 2018. To make sure key staff was available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting community based services.

At the time of our inspection there were 128 people being supported that were receiving personal care. The location provided the regulated activity in Rotherham and Glossop.

The service was managed by the registered manager. 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.

At the last inspection in April 2017, the service was rated Requires Improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'CRG Homecare - Rotherham' on our website at www.cqc.org.uk.

At this inspection we found the service still Required Improvement.

We found risks had been identified and staff had knowledge of how to manage risks. However, we identified some lacked detail to ensure staff had the up to date information to manage risks safely. Medicines were given as prescribed but documentation could be improved.

People's needs and choices were assessed and mental capacity assessments were undertaken. However, we found that best interests were not always clearly documented to show decisions where people lacked capacity were made in their best interests.

Complaints received were not always dealt with following the provider's complaints policy and procedure. Therefore, it was not evident if people were listened to. We saw people and their relatives had been consulted with about the quality of the service, however, as not all complaints had been formally documented or investigated and improvements had not always been made or lessons learnt.

The quality monitoring systems were in place, the registered provider had identified improvements were required in the governance and management structure. They had made recent changes to ensure

improvements were implemented and embedded into practice.

Everyone we spoke with, without exception, said they were very happy about the service being provided. They told us no matter what staff member supported then they were all ale to meet their needs. However, they said at times staff were late, had the odd missed call and staff did not always stay the allotted time.

Staff told us they really enjoyed working for the agency and received support, through training, supervisions and appraisal.

The recruitment processes were robust to ensure safe recruitment of staff to work with vulnerable people.

There was a procedure in place to ensure any safeguarding concerns were addressed and reported. Staff had good knowledge of how to spot the signs of abuse and what action to take. People we spoke with and their relatives told us the service provided ensured their safety.

People told us the staff were very caring, kind and compassionate. Staff respected people's privacy and dignity and ensured their choices and decisions were sought.

The service supported people to prepare and make meals. Staff told us meal choice was very much down to the individual. People told us the staff prepared very good meals.

People who required the involvement of health care professionals were assisted to obtain this support, when it was required.

We saw the provider was improving the management structure to provide better support and introducing new paperwork to ensure effective management, review and oversight.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were receiving their medicines by trained and competent staff but improvements were needed in the medication documentation and audit processes.

Risk were identified but documentation did not always reflect how the risk was managed.

Staff had good knowledge on how to safeguard people from abuse.

There was enough suitable and sufficient staff employed to support people.

Is the service effective?

Good

The service was effective.

There was a system in place to ensure staff were trained and training needs were identified.

People had access to healthcare professionals when required.

Staff were suitably supported.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff explained how they maintained people's privacy and dignity and involved people in their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs had been assessed and people were involved in planning their care. However, some care records lacked the detail to enable staff to provide personalised care and support.

People knew how to make a complaint and felt able to complain if they needed to. However, complaints were not always dealt with following the registered provider's policy and procedure.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered provider had systems in place to ensure the service operated to an expected standard. However, these were not fully implemented or embedded into practice.

CRG Homecare - Rotherham

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.

The inspection included a visit to the agency's office on 17 and 23 July 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone would be at the office

We used information the provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting 128 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funded through the NHS Clinical Commissioning Group (CCG) and other people were paying privately for the service.

The inspection team consisted of one adult social care 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. The expert by experience had experience of supporting and caring for older people.

On 17 and 23 July 2018 we visited the agency office and spoke with the registered manager, two care co-ordinators, the training officer and the director of care and quality. When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included people's care records, medicine administration record (MARs), staff training, support and employment

records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

On 17 and 18 July we spoke with eleven people who used the service and seven relatives. Between 18 and 27 July we spoke with six care staff by telephone. On 17 and 20 July we visited three people in their own homes to ask their opinions of the service. Whilst out on home visits we spoke with three people who used the service, two relatives and two care workers.

Requires Improvement

Is the service safe?

Our findings

When we inspected the location in April 2017 we rated the service "good" for this domain. At this inspection we found this had deteriorated to "requires improvement."

We found risks to people and the environment had been assessed and risk assessments were in place to manage risks. However, some risks were not fully documented. For example, one person's risks regarding mobility had not been fully documented. There was no evidence this had resulted in any harm to people as there was consistent staff who were very knowledgeable about people's needs. We discussed this with the registered manager. The director of quality and care was at the service on both days of the inspection and told us the documentation for all care records had been reviewed by the provider and new improved paperwork was to be implemented. The registered manager had reviewed the risks we identified with insufficient information to guide staff and had implemented new management plans on the new paperwork. These were in place on the second day of our inspection.

We looked at people's care records and found the documentation included a section about people's medicines and how they should be taken. We saw the medication administration records (MAR) were in place in people's homes for staff to complete. However, we identified that the management of medicines was not reviewed or audited in line with the provider's policy. We identified some documentation issues which had not been picked up due to the lack of review.

Some people had been prescribed medicines to be taken on an 'as and when' required basis, known as PRN medicines. People, who had been prescribed these medicines did not always have protocols in place. A PRN protocol instructs staff when to administer medicines and how soon to seek medical advice when the PRN was not effective in alleviating the problem. Although, staff we spoke with knew when the people they supported required these medicines but if there were any new staff this meant they had no instructions to inform them when to administer this medication or how long to administer them for before seeking professional advice. We discussed this with the registered manager. They explained it was only one small geographical area where staff administered PRN medicines and only to a small number of people. The registered manager assured us this would be put in place for all people they supported who were prescribed PRN medicines.

On the second visit to the office we found the registered manager had investigated all the issues we had identified and taken appropriate action to address them. For instance, the registered manager had put all necessary PRN protocols in place. However, these improvements needed to be embedded into practice.

All the people who used the service and relatives we spoke with felt the service was safe. One person told us they felt safe with the support they received, they said, "I am certainly safe and have never been subjected to any abuse or harm." Another person said, "I am safe and comfortable with any of the care workers." Another commented, when asked if they felt safe, "Oh yes indeed. Very safe with the care workers."

Overall, there were sufficient staff available to meet people's needs. Staff we spoke with told us they

managed to cover the calls but on occasions had to pick up extra calls to ensure people's needs were met. The field care supervisors were also picking up calls, so some of their responsibilities were not getting completed. For example, their role was to review and update people's care plans and these were not always completed on time or when changes occurred. The provider was aware of the pressures and had recently reviewed the staffing and management structure. Changes had occurred in May 2018 and these were being implemented, which would provide more support and enable care staff to be more effectively deployed.

We received mixed comments from people who used the service regarding staffing. Some were very pleased with the call times and duration of calls. However, there were a number of people who told us care staff were often late, did not stay for the allotted time and different staff often turned up. For example, one person said, "The times vary, they [the staff] come as late as 5.30 pm for tea, but this is not all the time. I have told them [the staff], it gets better then goes back to how it was." Another said, "I have one regular care worker who is brilliant. The others come when they want. They are always late, they do not ring me to let me know. The new care workers also rush and do things quickly." Another person commented, "It looks like they are going through a rough patch with not enough carers. They [the staff] turned up an hour late. The office did not tell me. I had to ring the office up. But when they do get here they do not rush. All my jobs are done."

However, there were also very positive comments. One person told us, "No complaints about timings. I am happy when they come." Another said, "They [the staff] do turn up on time. Never missed a call they are only late if there is an emergency."

We discussed this with the registered manager who explained there was one geographic area where they had struggled to recruit staff and some staff had left recently. However, they told us they had recruited new staff and were looking at ways to improve the recruitment process, as well as looking to recruit a new field care supervisor.

We looked at staff recruitment records. Staff had been recruited safely to ensure they were suitable to work with people, prior to employment. The register manager had ensured they obtained all the necessary pre-employment checks. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care.

We saw there had been lessons learned following incidents that had occurred. The registered manager told us how the provider had learnt from one incident, which occurred at another branch and had ensured measures were put in place corporately to ensure the incident wouldn't happen again in any service. This shows the service was looking at ways to drive improvements.

Good

Is the service effective?

Our findings

When we inspected the location in April 2017 we rated the service "requires improvement" for this domain and found a breach of regulation regarding obtaining people's consent to their care. At this inspection we saw the service had improved to 'Good" and the previous breach of regulation had been adequately addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us staff had completed training in this subject and staff we spoke with confirmed this. The staff we spoke with had good knowledge of the MCA. We found care records contained information in relation to people's capacity to consent. We saw people had signed to say they agreed with their care plans and had been involved in writing them. Although improvements had been made there was still room to improve documentation to show how particular best interests decisions had been made. The director of quality and care showed us the paperwork the provider had implemented and told us this would be completed for all best interest decisions.

People we spoke with and their relatives all spoke very positively about the support staff provided in regard to food and drink. Staff we spoke with explained how they offered support to assist people to prepare meals, drinks and snack. One person said, "They [the staff] prepare food to a high standard for me." Another person said, "They [the staff] prepare food for me, they do this to what I like and a good standard."

People were supported to receive health care as and when they needed it. Staff we spoke with, confirmed they would contact the registered manager, if they felt someone was unwell, or support them to call their GP or nurse. People's health needs were well recorded in their care plans. When asked, people said, "The care workers are very good, they know what they are doing."

All the staff we spoke with confirmed they had some previous experience in care and had completed relevant training. The registered manager told us new staff completed an induction which included training tailored to meet their individual needs. The staff we spoke with confirmed this. They confirmed they had up to date training in all the mandatory subjects, such as health and safety, safeguarding people and moving and handling.

The registered manager confirmed that staff completed an induction and where necessary had undertaken the 'Care Certificate'. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

Good

Is the service caring?

Our findings

The people we spoke with during our visits and telephone interviews provided us with evidence that CRG Homecare was a caring service. One person said, "They [the staff] are kind and caring, I have no issues with this at all." Another said, "The staff are caring and respectful at all times, it does not matter who they are." Another person commented, "They are very nice indeed, we can talk, we also have a little banter. {Staff are], always respectful and kind towards me." Another person praised the staff highly and told us, the only way to explain how they were cared for and to show how well they were looked after was to say, "I am better looked after than the Queen."

Relatives we spoke with also praised the staff. One relative told us, "All the staff are certainly caring and very respectful towards my relative. They chat with them and they look forward to them coming."

People were supported in line with their needs and wishes. People's relatives told us staff supported their family member to be as independent as possible by encouraging them to do as much for themselves as they possibly could. Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity. One staff member explained how they would ensure curtains and doors were closed when providing personal care. Another staff member said, "I always ask [person's name] what they want me to do before I start with any care and support."

We visited people in their homes and observed staff. We found staff were kind, considerate and polite. Staff knocked on doors before entering even if they had the key, they would shout out to let people know they were there and called, "Is it alright to come in?"

Most people received care and support from a consistent staff team, which they all said was very important to them. They said they were introduced to new staff so they could meet them and this helped good communication and positive relationships. However, some people did tell us they did not always have a consistent staff team, but did add that although they got different staff they were all very good. We did have the odd comment that new staff were not the same and rushed care, but this was in the minority.

People and their relatives were involved in planning their own care. An initial assessment of need was completed with each individual and then transferred into a care plan. The care plan showed what was important to people and how best to support people with various tasks. The plans were also being improved at the time of our visit. Relatives told us the communication was predominantly good and they were kept informed by a communication book and were informed by a telephone call of anything urgent.

Requires Improvement

Is the service responsive?

Our findings

When we inspected the location in April 2017 we rated the service "good" for this domain. At this inspection we found this had deteriorated to "requires improvement."

The registered provider had a complaints procedure and people told us they would speak with the registered manager if they had any concerns at all. We saw that where complaints had been received directly by the service these were recorded, investigated and responded to in line with the complaints procedure. However, we found the service had received a high number of contract concerns raised by the local authority. The registered manager had records of these but they were not recorded following the complaints procedure and some had not been responded to. The ones we saw were from people who used the service who had raised concerns directly with the local authority who had then requested the registered manger to investigate. We found a lack of appropriate responses and this meant people were not always listened to. We discussed this with the director of quality and care who acted on this immediately and amended the procedure with the local authority. This was to ensure all complaints and concerns were captured in the provider's formal procedure to evidence that all concerns were taken seriously and responded to. However, these improvements needed to be embedded into practice.

People and relatives we spoke with told us the staff provided personalised care and support that was responsive to the needs of the people who used the service. One relative said, "I do speak to the office about the care plan. Any issues I can speak to them. They are very approachable." However, some feedback was about inconsistency of staff and some people told us this impacted on them. For example, one relative said, "My relative has dementia, different care workers come all the time and this is not really good for my relative."

We looked at people's plans of care and we found their needs had been identified and there were details of how to meet people's needs. However, we found some plans lacked detail. The staff we spoke with knew people well and were able to explain to us how they met their needs. It was the documentation that required improving to ensure any new staff were fully aware of people's needs. We discussed this with the registered manager and the director of quality and care who told us the care records were to be transferred onto the provider's new paperwork. We saw one person's care record had been transferred following the feedback we gave on the first day of our visit. The care record was comprehensive and explained the person's needs and how they should be met. We were told all care plans would be gradually reviewed and put onto the new documentation.

The new plans reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

At the time of our inspection the service was not supporting anyone who was at the end of their life. The staff

told us they had previously supported people who were receiving end of life care and explained how they worked with external health care professionals to ensure the person was comfortable, pain free and safe. The provider had care plans to implement when people were at end of life and staff explained how they would involve the person and their family in developing the plan of their care.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the location in April 2017 we rated them "requires improvement" for this domain and they were in breach of regulation 17. At this inspection although it remained 'requires improvement' we saw some improvements.

We found that there were systems in place to monitor the effectiveness of the service. However, they had not all been completed in line with the provider's guidelines. Many issues we identified during this inspection had not been identified by effective quality monitoring. For example, the daily records and medication records should have been audited in line with the provider's scoring either each month, every two months or every three months. We found errors on medication records and evidence in daily records that staff were not always spending the allotted time at people's homes. We also found complaints were not always being managed. These issues had not been picked up as part of the quality monitoring undertaken by the service. Following the first day of our inspection the registered manger addressed these issues and we saw the outcomes on the second day at the office. The registered manager assured us that all quality monitoring would be completed to ensure monitoring was effective.

The director of quality and care explained that the provider had acknowledged governance and oversight of the service required improvement. Because of this they had implemented a new management structure. This meant the registered managers were better supported to enable them to ensure all quality monitoring and governance issues were addressed. The structure was only put in place in April 2018 and was being embedded into practice.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were committed to providing high quality care. Staff were complimentary about their line manager. However, some told us they did not see the registered manager or have any communication from them.

Relatives we spoke with told us they had regular contact with either the field care supervisor or the care co-ordinators and were very happy with the communication. One relative told us, "There are little issues but on the whole happy with the service." Another commented, "We are happy with the service, no issues at all they are good to my relative."

People who used the service and their relatives told us they were asked for feedback. This was in the form of questionnaires, which gave people opportunity to give feedback and raise any issues. We saw the service used the feedback to make improvements.

People's care records were kept securely and confidentially, in line with the legal requirements. We asked for a variety of records and documents during our inspection. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately