

## Health Care Resourcing Group Limited

# CRG Homecare Lincolnshire

### Inspection report

Mayfields Extra Care Housing Scheme  
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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:

CRG Homecare Lincolnshire is a domiciliary care agency providing care to people in their own homes. It was providing personal care to 249 people at the time of the inspection.

### People's experience of using this service:

Most people told us they were happy with the service they received. Some people raised concerns about the timing of visits and the continuity of staff. The registered manager and provider had already identified these areas of concern and had taken action to improve the quality of care provided to people.

There were enough staff available to meet people's needs and the provider continued to recruit staff to ensure they maintained staffing at an appropriate level. Staff received training and support to ensure they provided safe care to people. The provider had systems in place to ensure best practice guidance was shared with staff. Safe recruitment practices were followed.

Risks to people had been identified and care was planned to keep people safe. Where needed equipment was available and staff had received training in how to use it safely. Staff had received training in infection control and knew how to minimise the risk of spreading germs. Medicines were safely managed. People's ability to eat and drink safely had been assessed and where necessary people had been referred to healthcare professionals.

People's care plans reflected the care they needed and people had been involved in planning and reviewing their care. People's ability to make decisions for themselves were assessed and where needed family and healthcare professionals were involved in making decisions in their best interest.

Formal complaints were dealt with effectively, however people told us issues raised informally were often not resolved and the provider did not contact them to discuss their concerns.

We have made a recommendation about the management of complaints.

There were effective systems in place to monitor the quality of care provided and they had already identified the concerns raised around call times and consistency of staff.

### Rating at last inspection:

The service has not previously been rated.

### Why we inspected:

This was a planned inspection based on the previous rating.

### Follow up:

We will continue to monitor intelligence we receive about this service until we return to visit as per our

reinspection programme. If any concerning information is received, we may inspect sooner.

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# CRG Homecare Lincolnshire

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of an inspector and two experts 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. Both experts by experience had experience of supporting people who received care in their own home.

#### 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 specialist housing. It provides a service to adults some of whom may be living with dementia, people with Learning disabilities, autistic spectrum disorder or mental health concerns and people with a Physical Disability or Sensory Impairment

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. People lived in individual flats in a single location. Thirty people living in extra care housing used the service.

The service had a manager who had applied to be registered with the Care Quality Commission. Following the inspection this registration was completed. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This was to ensure the manager and other staff

were available to speak with us during the inspection.

Inspection site visit activity started on 4 March 2019 and ended on 6 March 2019. We visited the office location on 6 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, and local authorities. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed other information we held about the service such as notifications. These are events which happen in the service that the registered provider is required to tell us about.

We spoke with the regional manager, the national quality lead, the registered manager, three members of the office staff and two members of staff who provided care to people. We spoke also with 13 people using the service and three relatives.

We looked at a range of documents and written records including four people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Following the inspection the registered manager sent us information about concerns we raised regarding the management of medicines.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- There were enough staff to meet people's needs and people told us staff would stay the full length of time and they never felt rushed while receiving care. One person told us, "They never rush me. They use the full hour to safely take me to the bathroom and get me clean & dry. Another person said, "They have never missed a call... They are very, very, kind to me."
- There were staff allocated to the extra care centre so that there were staff on call if people needed them at any time of the day or night.
- People told us staff did not always arrive at the time they were expected. Some people did not find this an issue. For example, one person told us, "Nothing is perfect in life. It is all about give and take, getting on with things rather than making a big fuss over nothing." However, other people found the timing of calls was an issue, especially if they had plan for the day.
- We discussed the late calls with the registered manager who explained that they had recently changed the computer system used to monitor staff while out in the community. They could now monitor staff's progress in real time and an alert would flag if a call was more than 15 minutes late. This had meant missed and late calls could be rectified quickly and if a member of staff was running late extra support for people waiting for care could be arranged. They told us this would improve people's experience of using the service.
- The registered provider had a member of staff in place to support ongoing recruitment of staff to ensure there were always enough staff available to cover the support needed.
- There were systems in place to check staff employed by the service were safe to work with the people using the service.

### Using medicines safely

- People told us staff supported them to take their medicines. One person told us, "I get to see about three different carers over my week of visits. They know me very well. I am given my medication and the staff record this properly in my folder. They have never let me down." Another person said, "At the moment I'm in a lot of pain, but [member of staff] makes sure I take my medicines properly." A person who needed cream applying told us how staff did this safely. They commented, "All the staff know how to apply my creams. They do this very respectfully with no fuss. They take care to wash their hands and wear gloves."
- Care plans contained information about people's medicines. However, at times they lacked detail regarding the information available to support safe administration. For example, we saw one care plan noted that it was important to give the person their medicine on time but did not record what the actual time of administration should be. We discussed this with the registered manager who told us they would review the care plans.
- Staff told us if people refused their medicines, they would talk the problems through with the person. They would see if any concerns the person had had could be removed by giving them further information about the medicine. Where people still refused to take their medicine staff would contact the office and raise a

concern, so the information could be shared with appropriate healthcare professionals.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe while supported by staff from the service. Staff accessed some people's homes by using a key safe. People told us this worked really well and they felt secure using this system of access. One person using the service told us, "I feel very safe with the way I am supported. The staff use a key safe to get into my home."
- Records showed the registered manager had fully investigated any safeguarding concerns that had been raised. They had identified any concerns and made changes to keep people safe.
- Staff had received training in how to keep people safe from harm and knew how to raise concerns both with the organisation and to external organisations.

Assessing risk, safety monitoring and management

- People told us staff supported them safely. One person said, "I use a walking frame and the carer walks alongside me to make sure I don't stumble. They give me as much help as I need." Another person told us that staff used equipment to keep them safe. They said, "They can use the hoist and slide board to move me safely."
- Risks to people had been identified and care was planned to keep people safe. Where needed equipment such as pressure relieving mattresses and hoists were available to support people's needs. A member of staff explained that people who needed support to move around had a visit immediately to review their needs and equipment. This meant there was detailed information supporting staff to move the person safely from the first visit.
- People's homes had been assessed to ensure the environment was safe for both the person and any staff who visited.
- The provider had plans in place to support them to care for vulnerable people during adverse weather. They had identified everyone who required medicines to keep them safe and people who lived alone. They would prioritise these people if weather conditions, such as snow prevented a full service being offered.
- People's individual risks were also identified. For example, we saw for one person it was important to note their mood and to offer support if they became low in mood.

Preventing and controlling infection

- People told us staff worked in a way which minimised the risk of infections. One person told us, "The carers are very thorough with my dressings. They are very hygienic and clean in the way they work with me. They know about infection control and help me to manage my catheter very well."
- Systems were in place to reduce the risk of infection. Staff had received training in infection control and were able to tell us how they worked to reduce the risk of infection. This included using protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The provider was reviewing accidents and incidents nationally and identifying concerns. Where similar concerns were occurring in other services owned by the provider, the provider would review and issue a national update on best practice to all staff. For example, we saw they had identified an issue with a medicine for osteoporosis. This medicine needed to be taken first thing in the morning half an hour before any other food or medicine. This information had been shared with all staff so they were aware of how to safely support people to take this medicine.



# 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

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

- People's needs were assessed before they started to use the service. The provider used a trusted assessor who was based at the hospital. This meant they were able to assess people's needs quickly and ensure a smooth transition from hospital to home. Trusted Assessor schemes are a national initiative designed to reduce delays when people are ready for discharge from hospital. It is based on providers adopting assessments carried out by suitably qualified 'Trusted Assessors' working under a formal, written agreement.
- The provider had systems in place to support staff to work to best practice guidelines. Each member of staff had been issued with a smart phone, on this they could access all the provider's policies, a newsletter. The new computer system allowed specific tasks to be set up so that staff had to confirm they had completed all tasks before leaving the person. This meant it was easy to monitor if any shortfalls in care occurred.
- The provider was also able to use the smart phones to share learning and other important information such as medicine recalls. Using technology this way meant information was able to be shared faster which decreased risks to people.

Staff support: induction, training, skills and experience

- There were mixed views over whether staff had the skills to care for people safely. One person told us, "I think the staff are well trained and very professional." Another person said, "I think they are well trained in dealing with my needs."
- The people who had concerns around staff training were worried over the staff's knowledge of their personal needs rather than the safety of the care they provided. For example, one person told us, "I don't think the staff are well trained. I have to tell them what to do when they come."
- Where people received care from a small number of staff on a regular basis it increased their confidence in staff knowledge. One person told us, "We do have some regular staff now, most I feel are well trained." Another person told us, "A couple of staff seem to know my needs. They are my regular ones."
- Staff had received an induction to ensure they had the skills required to care for people safely. This included time spent shadowing a more experienced member of staff and being observed providing care, so management could be sure they had understood the training.
- The provider had a system in place to monitor the training each member of staff completed.
- Staff also received ongoing training to ensure their skills remained up to date with changes in best practice and legislation. In addition, role specific training was available to staff as they moved into more senior roles, so they understood the extra responsibility they were taking on.
- Staff received regular spot check when their line manager would observe them while they were providing care to assess their skills. In addition, staff had regular meetings with their line manager where they could

raise any concerns they had.

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

- People told us they were happy with the care provided to them around food and drink and staff offered them a choice of meals. One person told us, "We talk about what I want to wear and have for breakfast. I usually have tea and porridge, but they will get me what I ask for."
- People's ability to eat and drink safely had been assessed. Where there were any concerns about people's safety while eating and drinking staff raised concerns with the office who arranged for a healthcare professional to assess the person. Care plans noted when people needed their food and drink modified for safety. For example, pureed meals may decrease a person's risk of choking.
- Staff were aware of people's needs around food and nutrition. For example, who needed a diabetic diet. In addition, they knew if people required special equipment such as cups with a lid to remain independent with their food and drink.
- Staff monitored people's eating habits and if they noted any changes such as the person not eating as much or losing weight they would contact healthcare professionals for support. One member of staff told us if the person refused a meal they would make them a sandwich so if they became hungry later there was something for them to eat.

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

- Staff told us if they had any concerns about a person's health they would raise concerns with an appropriate healthcare professionals. Records showed healthcare professionals had been contacted for advice and support. People were confident staff would get support for them if needed. One person told us, "I'm sure the carers would contact the paramedics or a GP if they thought I wasn't so well. But they have never had to do that." They added, "After a fall staff asked if I wanted the paramedics to come, but I said 'no'. They had my best interest at heart, but I didn't think it was necessary to go to hospital."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA. They were able to describe how they supported people to make as many choices as possible over their daily lives. In addition, they were aware that people's ability to make decisions may fluctuate due to their health and other external factors.
- Where people may have been unable to make decisions for themselves the registered manager had ensured that capacity assessments had been completed. Where people were unable to make a decision, decisions had been made in their best interest. The decision-making process had included professionals involved in their care as well as family members.

# 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

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

- Everyone we spoke with were positive about the staff interactions they received or witnessed. They told us staff were caring and they treated people with respect. One person told us how much they had appreciated the support they received following the death of their husband. They had felt reassured and comforted the service was there if they needed anything.
- People told us staff always checked they had everything they needed before they left. One person told us, "The carers always ask if there is anything else I want before they leave me. I usually ask for a drink to be made for me."

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

- People told us they staff provided support which was tailored to them as an individual. For example, one person told us they liked to wear pyjamas as they were comfortable and staff supported this choice. Another person told us, "We talk about what I want to eat for breakfast and the carer gets on and does it for me. They all listen carefully to what I ask of them. We have a lot of good times."
- Staff we spoke with were able to tell us about how they offered choices to people and were aware some people may struggle to make decision. One member of staff told us, "Sometimes asking too many questions can confuse them and so I keep it simple and listen." When people may not be able to tell staff about their choices, staff told us they could get a lot of information about the person's preferences by observing how they like things done and how they do things.

Respecting and promoting people's privacy, dignity and independence

- Some people told us how much they appreciated receiving care from a consistent group of staff. One person told us, "My two regular [staff] are very good to me. They work hard and are friendly to me. I have built a relationship with them." A relative told us, "We have one regular carer. She is excellent very caring. She will stay extra time if needed."
- However, not everyone received such a consistent service and they told us this impacted on a trusting relationship with staff. One relative told us, "[Name] is not keen on the fact she has been seen by up to seven different carers in one week. She would much prefer seeing fewer faces so she could develop more of a rapport with the care staff. Another relative said, "They change the staff too much. There is no regular staff, it is no good for my partner she suffers with Alzheimer's dementia. It would be nice if she had regular staff."
- We raised this as a concern with the registered manager. They told us they had changed the way the rotas were being managed and the new system should give people care from a more consistent group of staff.
- The service does not operate an advanced written schedule to let service users know who will be supporting them next, but the carers let people know verbally.
- People also raised concerns that at times there were some communication issues when caring for staff

whose first language was not English. One person told us, "I don't always understand what my carers are telling me, but we make a joke out of this. All the carers are very friendly and kind." Another person said, "Sometimes the carers are not too clear in what they say. But we have a laugh and sort it out. My husband sometimes makes things clearer for me, but it is not a problem at all, because all the staff are so friendly."

- People told us they had been able to ask to receive support from male or female staff. They told us this request had been respected.
- People told us staff supported them in a way which helped them maintain their dignity and independence. One person told us, "My carers make sure I am covered with towels or my dressing gown when I have my shower. I wash and dry my front. My carer does this to my back, it's a team effort. Curtains are kept close as I am moved to my bedroom to get dressed."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they had been involved in planning their care. One person told us, [My family member] does most things for me. She was involved with my care plan she takes care of all my appointments. Another person told us, "I feel involved with my care. I'm grateful for the service."
- People told us the care provided was meeting their needs. One person told us, "With the help I get I am most definitely improving. The main help I receive is to get washed & dressed in the morning. The care staff do this really well with me."
- All the people using the service had a folder in their home which contain their care plan, a description of what the staff needed to do on each visit and information on medicines. People told us and records showed care plans were reviewed with the person on a regular basis.
- Where people were living with long term conditions we saw there was information in their care plan to support them. The information also advised staff about the condition and when concerns should be raised with healthcare professionals.
- People using the service and staff told us how staff monitored the length of time required to provide the support needed. If this was different to the time allocated staff in the office would liaise with service commissioners to ensure the person received their care safely and unrushed.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- Most people using the service did not receive any support to access the community or to improve their social activities. However, people's care plans recorded what activities they would like placed within reach before staff left the home. For example, a magazine or the television remote control.
- Those people living in the extra care housing did have access to activities within the centre. The member of staff responsible for managing the staff told us they would ensure there were enough staff available to support people to the communal areas of the home to partake in activities.

End of life care and support

- Staff worked proactively with other health and social care professionals to ensure people had a dignified death. Anticipatory medicines were arranged to keep people pain-free at the end of their lives.
- People's wishes for the end of their life was recorded. For example, if they wanted to avoid going to hospital or if they wished for religious or spiritual guidance.

Improving care quality in response to complaints or concerns

- The registered manager told us they had received one formal complaint in the last year. Records show this had been dealt with in line with the provider's policy and action had been taken to stop the same incident

happening again.

- Some people told us minor concerns were dealt with when raised. However, more people raised concerns and they were not confident the issues they had raised had been dealt with effectively. A relative told us, "I have complained, they are not responsive. They never ring you back and they don't even answer the phone." A person using the service told us, "They are not brilliant at responding and you get the same old answers... I have complained and it's a waste of time."

We recommend the service seek advice and guidance from a reputable source, about the management of and learning from informal complaints.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had a structure in place to support effective management of the service. The manager and deputy manager were supported by field care supervisors and care co-ordinators. People spoke highly of the people in these roles who visited them. They told us they had confidence in these staff and felt they led by example.
- Some people expressed concern that at times they did not always receive the quality of service they expected when ringing the office. One person told us, "I don't think the office are very good... Nobody rings you to let you know anything." Another person told us, "The office are the worst of the lot... They never ring you back. It is not well led."

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

- The provider and registered manager had taken action to comply with the regulatory requirements. The registered manager had notified us about events which happened in the home.
- There were effective systems in place to identify concerns with the quality and safety of care and the environment. We did identify some concerns around the timing of the visits to people and continuity of care staff. However, the registered manager had already identified these concerns and action had been taken to improve the care people received. The registered manager ensured that when any concerns were found action was taken to make improvements. For example, we saw action was taken to retrain staff when medicine errors had been identified.
- Staff told us the registered manager had made improvements in the quality of care provided. They told us the improvements had included up to date care plans and effective action being taken when call times needed lengthening to support people's needs.

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

- The views of people using the service had been gathered through telephone calls and at their three-monthly review meetings. People living in the extra care centre received a weekly visit from a care coordinator to ensure they were happy with the service provided.
- Staff were also able to raise concerns and suggestions for the home. They had regular one to one meetings, spot checks and staff meetings. All the staff we spoke with had confidence the registered manager would take action on any issues raised. One member of staff told us, "The manager's door is never closed. They will give advice if needed." Staff also told us the registered manager had been very supportive to them about

issues outside of work.

#### Continuous learning and improving care

- The registered manager kept up to date with changes in best practice and legislation. They attended regular meetings with the provider's other registered managers, regularly updated their knowledge with training and reviewed the industry publication.
- The registered manager and provider had been open and honest about incidents that had occurred in the service. They had identified where things could have been done better and used the information to improve the quality of care provided.

#### Working in partnership with others

- The registered manager attended a meeting once a month is to discuss the care provided with the local authority. They looked at the people who wanted to live in the extra care housing and review to see if they could still meet the needs of people already living in the scheme.
- The provider worked collaboratively with other providers they sub contracted with to ensure they provided viable contracts for the subcontractors to manage. In addition, they had agreements in place to work together in the case of bad weather to support people using the service.