

Health Care Resourcing Group Limited

CRG Homecare - Stoke

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: CRG Homecare (Stoke) is a domiciliary care agency. It provides personal care to people living in their own homes.

People's experience of using this service:

People and their relatives told us they felt safe using the service. They praised the care they received and the approach of staff members. People described staff as, "patient", "respectful" and told us they had positive relationships with staff who understood their needs. One person's family member told us, "They have met my mum's needs with kindness and care."

There were practises and systems in place that helped ensure people were safe and the service was reliable. Staff received training in safeguarding vulnerable adults, thorough pre-employment checks took place on new staff members and the administration and recording of people's medication was safe.

We saw that people's needs, choices and preferences were recorded as part of an initial assessment. This information was used to put together an individualised care plan with each person that outlined their care and support needs. Care plans were regularly reviewed with the person after four weeks of care and every three months following.

There were appropriate risk assessments in place for any risks that may occur when supporting people; staff were vigilant in identifying risks and acting on these. The service worked closely with people's social workers, district nurses and GP's to ensure that their healthcare was effective.

People told us they felt listened to and were involved in making decisions about their care. One person told us, "I feel listened to; they act on what I say." People's dignity and independence in their own homes was respected. One person told us about the care staff, "They are very respectful of my home." Another person said, "I feel safe with them. They have helped me to remain independent."

There was ongoing training and support of care staff. They were positive about the training and support they received. One staff member told us, "After the training I felt ready to help people." Another staff member said, "Its fabulous. I get all the support I need."

People and their relatives told us that the service was well-led. When we visited people with the registered manager it was clear that people had positive relationships with the registered manager. One person's family member described the registered manager as having a, "Passion about caring for others."

When planning, delivering and reviewing people's care people's opinions were sought. One person told us, "They make sure my care plan is up to date; they always ask me my opinions." People told us that care staff and senior staff involved them and listened to them. One person's family member told us that staff, "Listened to our views and helping us to organise [name's] care. Ensuring that she had the carers that she

loved."

The service was responsive to people feedback including complaints. On a recent satisfaction survey 100% of people using the service said they felt comfortable raising a complaint. One person wrote, "I feel happy and comfortable to be able to say anything I need to." Another person told us, "I feel confident raising a concern. Staff are respectful."

The registered manager had clear oversight of the quality of the service provided for people. It was clear that registered manager was striving for continuous improvement and increased partnership working to improve the quality of the service provided.

Rating at last inspection: At the last inspection the service was rated Good (September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Ongoing monitoring.

For more details, please see the full report which is on the CQC website at 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 - Stoke

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:

This inspection was carried out by an adult social care inspector and an assistant inspector.

Service and service type:

CRG Homecare (Stoke) is a domiciliary care agency. It provided personal care to people living in their own homes. Not everybody using CRG Homecare received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do so we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that 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:

This inspection was carried out on 27 March and 8 April; the first day was unannounced. On the second day we visited people by arrangement who used the service to gain their perspective.

What we did:

As part of planning the inspection we looked at information the provider had sent us in their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at information we held about the service as part of our ongoing monitoring; including any statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority to gain their perspective of the service.

During the inspection we spoke with six people who used the service, three relatives of people and eight members of staff including the registered manager and the organisations director of quality.

We also looked at records at the service which included records relating to staff recruitment and support, audits and quality assurance reports and the care plans for six people.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One person told us, "I feel absolutely comfortable with them." Another person said, "I feel safe and comfortable with them; they are respectful."
- Staff had received training in safeguarding vulnerable adults and were able to explain what action they would take if they had any concerns; including going to outside organisations if appropriate. There was a clear safeguarding and whistleblowing policy in place. Staff members always had access to a senior staff member through an on-call system for advice and support.
- We saw examples where care staff were vigilant and proactive in ensuring people remained safe. Staff and the registered manager had worked alongside the local authority, taking steps and sharing information to keep people safe. The registered manager maintained a record of any safeguarding concerns, their outcome and any organisational learning for the future.

Assessing risk, safety monitoring and management

- The service was reliable. Staff recorded people's visits being completed on an electronic system that recorded that the staff member was in the person's home. This meant that senior staff had oversight of the reliability of the service. We checked the records for the week before we visited; these showed that during that week no calls were very late. If the system showed a call was missed; the staff member on call made sure the person was safe and made alternative arrangements to ensure they received the care they needed.
- There were appropriate risk assessments in place for any risks that may occur when supporting people. For example, a personal safety risk assessment, health risks and risks to people's wellbeing. We saw that there was a system for reviewing more significant or likely risks more frequently.
- We saw as part of people's initial assessment of needs and when reviewing people's care plans staff were vigilant in identifying risks and acting on these. There was an example of one person who was identified of being at very high risk of causing an accidental fire. Staff and the registered manager quickly supported the person to access relevant services, use fire retardant bedding and have a sprinkler system installed into their home to enable the person to be safe staying in their home.

Staffing and recruitment

- Recruitment of new staff was safe. Thorough pre-employment background checks were carried out to help ensure new staff were safe to support vulnerable adults before they started. A criminal records check was completed before staff started and every three years after that.
- We looked at staff rotas and saw that whilst staff visited people who were local to each other, the rota did not allow for staff travel time in-between visits. Some staff told us that this was manageable because people on the rota all lived in one area; they had time to support people and have a chat. Other staff told us that at times it was a struggle to keep people's calls on time.
- People told us that the service was reliable and could be depended upon. They told us that staff were not

rushed and had time for them. They also told us if staff were running a little late they always received a call and an update.

- The registered manager used the electronic system to review people's visit times. We looked at this and saw that in nearly all the visits people received an appropriate length of time, as planned to meet their assessed needs. The registered manager told us, and we saw evidence that they were currently looking into the calls that were short in time. They also told us the service was currently recruiting additional staff, they had a dedicated staff member who recruited to ensure the service had enough staff. The numbers of staff had recently improved.

Using medicines safely

- People were supported to take their medication safely. Each person had a medication care plan, outlining the reason for the medication being taken and how the medication was obtained, administered and disposed of; there was a body map outlining the safe administration of medicated creams. Each person had a medication risk assessment as part of their care plan.
- Staff received medication training; a thorough assessment of their competency and an annual refresher of training. People's medication administration records were audited to ensure the system was safe.

Preventing and controlling infection

- Staff had been trained in how to take practical steps to help prevent the spread of infections. Staff were provided with protective equipment to help them do this; such as gloves, aprons and shoe protectors.

Learning lessons when things go wrong

- There was an effective procedure in place to record any accidents, incidents, dangerous occurrences and near misses when supporting people.
- The registered manager maintained a detailed record of incidents that happened at the service and the actions taken in response. They used these records for learning and to improve the safety of the service provided. When appropriate the registered manager shared this information with the local authority.

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

- We saw that people's needs, choices and preferences were recorded as part of an initial assessment. This helped ensure that the service was able to safely meet people's needs and provide care in line with their preferences.
- We saw examples of when risks that became apparent during the initial assessment were quickly highlighted to relevant parties and action taken to reduce these risks. The assessment of people's needs was reviewed after four weeks; we saw examples of when this review had led to changes to improve people's care.
- The assessment recorded any personal information that people wished to share about their sexual, cultural, spiritual or religious needs that were important to them. Staff completing people's assessments were aware of checking if people were comfortable recording any personal information.

Staff support: induction, training, skills and experience

- People and their relatives praised the care they received and the approach of staff members. People described staff as, "patient", "respectful" and told us they had positive relationships with staff who understood their needs.
- All staff members were positive about the training and support they received. One staff member told us, "After the training I felt ready to help people." Another staff member said, "Its fabulous. I get all the support I need."
- New staff received induction training into the role covering the standards in the care certificate in their first twelve weeks. There was an assessment of staff skills after this training. Some new staff were not offered a permanent contract if after support they had not reached agreed standards. This helped ensure that staff had the right skills and qualities for the role.
- Staff received ongoing support with periodic refreshment of training, regular team meetings, regular supervision meetings with their line manager and an annual appraisal of their performance. There were also regular observation supervisions when staff members care and support practises were observed and they were given feedback for development.
- We saw that some staff members were supported in their development to achieve level three and level five qualifications in health and social care.

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

- People who needed support to eat a balanced diet; their care plans contained a nutritional risk assessment. We saw that some people had benefited from this support; for example, one person used to eat the same food for three meals a day. Whilst staff recognised that it was the person's right to do so, they have encouraged the person to have a more varied diet by introducing the person to different foods.

- There was a recent focus on staff knowing the importance of people drinking enough fluids and encouraging them to do so.

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

- We saw that the service worked closely with people's social workers, district nurses and GP's to ensure that their healthcare was effective. Staff raised appropriate alerts and referrals and recorded information that helped healthcare professionals support people with their health and wellbeing.

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.

The service was working within the principles of the MCA.

- People's consent to their care was sought during the assessment and care planning process. If appropriate people's capacity to understand and consent to their care was assessed; this assessment was completed again after four weeks and staff had got to know a person and their communication needs better; to ensure it was still appropriate. It was reviewed regularly thereafter.
- If appropriate people had signed to show that they consented to and agreed with the information and guidance for staff contained in their care plan.
- Staff received training in understanding the principles of the MCA and their responsibilities. Staff obtained people's consent before providing any care. One staff member told us, "We always ask what people want us to do for them."

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; equality and diversity

- People told us that staff were caring towards them. When describing staff people used words such as "Lovely", "Thoughtful", "Kind" and "Committed". One person said, "I enjoy when they come. I have made friends with them. They have been smashing."
- People's relatives also told us that they were confident that their family members were well cared for. One person's relative told us, "They have met my mum's needs with kindness and care." Staff spoke very positively about people and their role. One staff member told us, "I look forward to seeing people. I have built up trust and very good relationships with people. It's important that people feel comfortable around us."
- We saw examples of how staff and managers at the service showed kindness towards people. For example, the office base was equipped with "Home from Hospital packs"; these contained some essential items that a person may need when they returned home from a stay in hospital. This showed a practical and caring approach to help meet people's needs in difficult times. Also, one person was changing support provider but had a very close relationship that was important to them with one particular carer. The registered manager arranged for that staff member with their consent to be contractually moved to their organisation. This was a complicated process; but the registered manager told us it was important. They told us, "Continuity of relationships are important for people with dementia as staff know the little things that can make a big difference. If possible maintaining relationships is a priority."
- The providers policies and practices were very attentive to the diversity of people's needs in the local community. Senior staff were aware of the importance of being aware of and respecting people's protected characteristics.
- There was a working group called "people matter" they considered how the way people's support was provided met their needs and preferences. This had ensured that information was available to people in a format which they could understand.
- People's feedback was that they benefited from receiving care from a consistent and caring team of staff. The rota system tried to make sure that people had the same carers; people had benefitted from this. For example, one person's family member had written, "His quality of life at home was possible due to the friendship, care and comfort given by you." Another person's family told us, "It took a little time to let go. However, the support and patience of the regular staff team...we have been able to accept support. The experience of having care workers has been a positive one...nothing is too much trouble for them." We also saw examples of when staff had built up relationships first before using gentle prompting to be able to offer people necessary support. One person had written, "It took me a long time to realise that I needed help. But I have now achieved my goal."

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

respecting and promoting people's privacy, dignity and independence

- People told us they felt listened to and were involved in making decisions about their care. One person told us, "I feel listened to; they act on what I say."
- People told us that their decisions were respected; and they felt confident asking for help and advice when they needed it. One person said, "If I need any advice I just ring the manager. She is warm, caring and genuine."
- People's dignity in their own homes was respected. One person told us about the care staff, "They are very respectful of my home." People's confidential private information was kept secure.
- People's independence was respected and promoted. One person told us, "The carers have really helped me with my confidence. I used to have four calls a day now I just have one." Another person said, "I feel safe with them. They have helped me to remain independent."
- We saw that care staff and the registered manager were discreet and respectful if any issues or concerns arose during a person's care. They respected people's autonomy and privacy whilst ensuring people were safe.

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

- Each person had an individualised care plan. This outlined their care and support needs; including staying safe at home, personal care, support with moving safely, communication needs, support with food and drink, what people can do for themselves and what they need support with and information on how to support people with their wellbeing.
- People's care plans were regularly reviewed with the person after four weeks of care and every three months following, alternating between a face to face meeting and a telephone consultation. If staff or a family member reported that a person's needs change an additional review was arranged. People's reviews included their family members and social worker or health professional if appropriate.
- We saw that people's visit times and duration were reviewed to ensure they were meeting people's needs. We saw an example where one person's call times were changed to ensure they received their medication as prescribed. For another person following a review staff recorded what the person ate, to help them maintain a balanced diet. This showed that the service was responsive and was constantly reviewed to ensure that it met people's needs.
- We saw that care plans were task and risk focused and did not contain enough information on people's history and lifestyle choices, preferences and desired outcomes. We spoke with the registered manager about this and they followed up on this by sending us details of a new way in which the service will gather important information about people to inform care planning in the future.
- We saw examples of when a person no longer needed the length of visit allocated due to increased independence; the person's care was reviewed, and information shared with the local authority with the person's consent.

Improving care quality in response to complaints or concerns

- The service had a clear and straightforward complaints procedure that was followed if a complaint was received. Any complaints or concerns raised were recorded on an electronic recording system. Senior staff had the responsibility of providing an initial response usually straight away but within a maximum of forty-eight hours after the concern was raised. When we spoke with them senior staff had a positive approach to responding to people's complaints and concerns and looked upon them as an opportunity to put something right and improve.
- The registered manager had oversight of the complaints process. We saw that the registered manager was candid and apologised if the service required improvement in some way. If appropriate we saw that a safeguarding referral was made to the local authority.
- On a recent satisfaction survey 100% of people using the service said they felt comfortable raising a complaint. One person wrote, "I feel happy and comfortable to be able to say anything I need to." Another person told us, "I feel confident raising a concern. Staff are respectful."

End of life care and support

- At the time of our inspection nobody was receiving end of life care. However, the service had appropriate policies in place to be able to provide end of life care and support in partnership with health care professionals.

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; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us that the service was well-led. When we visited people with the registered manager it was clear that people had positive relationships with the registered manager. One person's family member described the registered manager as having a, "Passion about caring for others."
- There was a positive and can-do culture at the service when planning to meet people's needs. One staff member told us, "It's not like being at work; it is like a family here. We work as a team and get things done." Another staff member told us, "The teamwork is wonderful."
- The service had a clear and up to date set of policies and procedures. These provided clear guidance for staff within the service on what had been agreed as best practice to follow.
- We found the registered manager to be open and honest during our inspection. They were good communicators and shared important information with people, their families, the local authority and when necessary the CQC. The registered manager told us, "Staff need to feel very comfortable coming to me with any concerns."
- The provider and registered manager promoted staff actions and behaviours that showed a compassionate and caring approach towards people, their needs and their views. One way they did this was to acknowledge good staff practice with a carer and office staff member of the month. These were displayed on the office wall. It was clear from staff feedback and the atmosphere in the office that staff had positive working relationships with each other.

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

- The registered manager had clear oversight of the quality of the service provided for people. They told us, "I'm proud of the service and staff members. It's not about tasks it's about people with the right support being able to stay in their homes where they are comfortable." We found the registered manager to be responsive to feedback, open and candid.
- There was a system in place that ensured the registered manager had oversight of staffing levels, the reliability and timeliness of people's calls and any accidents, incidents and safeguarding alerts that happened and the response of senior staff to these. The registered manager produced a weekly quality report for the provider to keep them informed.
- There were also quality monitoring reviews of people's care plan to ensure they met people's current needs and that the care plan review process was responsive; and an effective system in place for reviewing people's medication.
- There were ongoing programmes of continuous improvement; such as the providers "Quality Matters"

three-year strategy for improving the quality of care provided to people. This looked at the effectiveness of what was working already and how the service will be improved. The registered manager told us they were working on the reliability of the service going from good to outstanding and making further improvements in the training provided for staff.

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

- When planning, delivering and reviewing people's care people's opinions were sought. One person told us, "They make sure my care plan is up to date; they always ask me my opinions." People told us that care staff and senior staff involved them and listened to them. One person's family member told us that staff, "Listened to our views and helping us to organise [name's] care. Ensuring that she had the carers that she loved."
- There were periodic questionnaires of people supported and their family members to gain their opinion about the quality of the service provided.
- Staff told us that they felt listened to and that the registered manager and provider were approachable and encouraged feedback. Staff received regular support and open communication with the leaders of the service. One staff member told us, "I feel supported. They are there for me with advice and help."
- The registered manager and staff were aware of the importance of being aware of and respecting people's protected characteristics.
- The registered manager held a listening lunch. Managers put sandwiches and cakes on to encourage staff to come and speak with leaders of the organisation. Also, senior managers accompany care staff on some of their calls.

Continuous learning and improving care and working in partnership with others

- It was clear that registered manager was striving for continuous improvement and increased partnership working to improve the quality of the service provided. For example, the registered manager was a member of the registered managers networks in the local authorities where the service was provided; Key staff members were dementia friends with dementia UK and the service supported Time for a Cuppa an annual event to support the work of specialist Dementia Nurses in the UK. They are part of their community and work with local food banks and staff participate in local Easter and Christmas runs.
- The registered manager worked in partnership with the local authority to provide joint safeguarding training with the local authorities safeguarding team. Also, staff were "safe and well champions" with the local fire service to help identify risks in people's homes and act on them.