

CRS Doctors Ltd

CRS Doctors Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

CRS Doctors Limited is a domiciliary care agency providing support to people in their own homes in the community. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was providing personal care to one person.

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

The systems in place to manage medicines were not safe which placed people at risk of not receiving their medicines as prescribed. Risks to people were not always assessed and managed safely. The registered manager recognised improvements were needed and was taking action to address the issues we raised. Leadership and oversight of the service needed to improve as staff sought direction and support from colleagues and relatives, rather than the registered manager. Staff did not always receive the training and support they required to fulfil their roles. There was a lack of quality assurance systems to monitor and check service delivery and those that were in place were not always effective. The manager told us they were taking action to address these matters.

Relatives were happy with the care provided to their family member. They were involved in planning and making decisions about their care. The person's nutritional needs were met. Staffing was well organised and the person received their calls on time and staff stayed the full length of the call. Safe systems were in place to manage any allegations of abuse and complaints.

Relatives said the staff were brilliant. The person received support from a small team of staff who knew them well and had developed a good relationship with them. Support plans were in place, although some sections needed updating. Staff treated the person with respect and maintained their privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely, although some documents such as photographs, job descriptions and employment contracts were not present. The registered manager was taking action to address this.

The registered manager was aware improvements to the service were needed and demonstrated their commitment to making this happen.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches at this inspection which relate to safe care and treatment, staff training and overall management of the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

CRS Doctors Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager 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 announced. We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 4 February 2020 and ended on 7 February 2020. We visited the office location on 4 February 2020.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke on the telephone with a relative of the person who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, the administrator and a care worker.

We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines management was not safe.
- Relatives supported one person with their medicines. However, when the relatives were on holiday staff took on this responsibility. There was no care plan to show what medicines the person was taking, the arrangements for ordering, supply or storage or the support they required from staff.
- There were no medicine administration records for the times when staff had supported the person with their medicines.
- Five of the six staff who supported the person had completed medicines training. However, none had had their competency to handle medicines assessed.
- The provider's medicine policy did not reflect best practice as laid out in NICE guidelines, 'Managing medicines for adults receiving social care in the community'.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed action was being taken to address these issues.

Assessing risk, safety monitoring and management

- Risks were not always well managed.
- Risk assessments were in place and had recently been updated. However, not all areas of risk were fully covered such as risks relating to medicines.
- The registered manager confirmed guidance given by healthcare professionals about how to manage a particular risk was not followed by staff. The registered manager had arranged a meeting with the person, their relatives and a healthcare professional to discuss this further.

We found no evidence people had been harmed, however, systems were not robust enough to demonstrate risks were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed action was being taken to address these issues.

Staffing and recruitment

- Overall recruitment was safe with required checks completed to check staff's suitability to work in the service. However, one reference for one employee had not been received until after they started employment.
- There were no photographs of employees on file, no job description and no contract of employment. The provider's recruitment policy stated all these would be in place.

The provider responded immediately after the inspection. They confirmed these issues had been addressed.

- There were enough staff to meet the needs of the person using the service.
- Staffing was well organised with staff working set days and times. The relative confirmed they received a weekly rota showing which staff would be attending.
- Staff said the registered manager was on call and available if they required any guidance or support.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and knew the procedures to follow if abuse was suspected or found.
- The registered manager confirmed had been no safeguarding incidents since the last inspection.

Preventing and controlling infection

- Safe systems were in place to manage infection control.
- Staff had received infection control training and personal protective equipment was available such as gloves and aprons.

Learning lessons when things go wrong

- Systems were in place to report and record accidents and incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received the training and support they required to fulfil their role.
- New staff shadowed existing staff but there was no formal induction programme to ensure staff had completed training the provider deemed essential before working unsupervised. There were no records to show what was covered during the shadowing period or to check staff competencies.
- Staff with no previous care experience did not complete the Care Certificate.
- The training matrix showed gaps where staff had not completed training. This included fire safety, food hygiene, mental capacity and first aid.
- Staff were supported by the provider and received supervision, though this was sporadic. For example, one staff member had been employed for six months before receiving any formal supervision.

We found there were not effective systems in place to ensure staff received the training and support they required to fulfil their roles. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before being offered a service.
- The relative confirmed they and their family member were involved in the assessment and their needs and preferences were taken into consideration.

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

- People's nutritional needs were assessed and met by staff where this was an identified need.
- Where the person needed support with meals, this was recorded in the support plan and included any dietary preferences.

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

- Other health and social care professionals were involved in the care of the person and they communicated directly with the person's relatives. The service relied on updates from the relatives and had no systems in place to communicate directly with these professionals.
- The registered manager recognised this needed to improve and was attending a meeting with the person, their relative and a healthcare professional to clarify the person's healthcare needs and support required from staff.

- The relative told us staff worked well together as a team in supporting their family member.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager understood the principles of the MCA.
- However, there was a lack of information about the person's involvement and capacity to make particular decisions and the decision-making process was not clear. The registered manager recognised this needed to be addressed.
- Not all staff had received training in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well by staff who were kind and caring.
- The relative of the person using the service said, "We're very happy with the service. All the girls are absolutely brilliant, just fantastic. They're a credit to us."
- The person received care and support from a small staff team who knew them well and had developed a good relationship with them.

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

- The person and their relatives' views were respected and they were involved in decisions about their care.
- The relative told us, "Communication is very good. We're very much involved and they keep us informed."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity.
- Staff promoted the person's independence and encouraged them to use the skills they had.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The relative said the service provided person centred care to their family member.
- Care plans were personalised and showed the support and care required. However, some sections needed reviewing and updating. For example, in relation to the management of medicines and the person's health condition.
- Staff had a good understanding of the person's needs and the support they required. Daily reports were well completed.
- The registered manager told us they would review the care records and would ensure all care plans fully reflected the person's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's communication needs were reflected in their care records and an easy read version had been provided.
- The provider told us information could be provided in different formats if required such as large print and different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person to access the local community and pursue interests and hobbies the person enjoyed.
- Care plans provided information about the types of activities the person liked and the support they required from staff.

Improving care quality in response to complaints or concerns

- People were provided with a copy of the complaints procedure when the service began.
- The relative of the person said if they had any concerns they would speak with the registered manager and felt confident any issues raised would be addressed.
- No formal complaints had been received.

End of life care and support

- The registered manager described the end of life care the service had provided to a person who passed away shortly before Christmas. Staff supported the person with kindness and compassion and did all they could to fulfil the person's wishes to carry on doing the things they loved until their life ended.
- The registered manager recognised further work was needed to ensure staff received training in end of life care and that people's end of life wishes and preferences were recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvements. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management team consisted of the registered manager and an administrator, both of whom on occasions delivered care to people.
- The relative of the person using the service and staff spoke positively about the management team who they said were approachable and available.
- There was a lack of leadership and clarity around roles and responsibilities. Staff sought and acted on advice given by colleagues and relatives, when direction and oversight should have been provided by the registered manager.
- Other professionals were involved in the person's care. However, the registered manager acknowledged they relied on relatives updating them to any changes and had no systems in place to verify the information received.
- Governance systems were limited. There were few quality checks and audits and those that were in place were not always effective. For example, the registered manager told us they regularly audited care records and daily logs, yet there were no records to show what had been checked or whether any issues had been identified and addressed.
- There was no system in place for formal spot checks of staff practice.
- Issues we found around medicines and staff training had not been identified or addressed by the registered manager.

The lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Our discussions with the registered manager showed they were committed to providing good outcomes for people and wanted to improve the service.
- The relative was very happy with the service provided to their family member. They said, "Everything's absolutely fine. We had two care companies before who were dreadful. This one's just a breath of fresh air. Staff go above and beyond."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of their regulatory requirements, for example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

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

- The person and their relatives were involved in reviewing and agreeing their care and support plans.
- There were no formal systems in place to gain the views of people who used the service, their relatives or staff. The registered manager said this was done informally through care plan reviews, telephone conversations with relatives and discussions with staff. They planned to introduce satisfaction surveys as and when the service expanded.
- The registered manager kept in contact with staff on the telephone or via mobile phone apps. Staff said the registered manager was available if they needed them.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person failed to ensure people's medicines were managed safely and failed to ensure risks to people were assessed and mitigated. Regulation 12(2)(a)(b)(g)
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17(2)(a)
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person failed to ensure staff received the training and support they required to fulfil their roles. Regulation 18(2)(a)