Castlerock Recruitment Group Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection of Castlerock Recruitment Group was unannounced and took place on 5 and 7 January 2016. Castlerock Recruitment Group (Domiciliary Care Agency) is a large domiciliary care agency that provides personal care and support to people living in their own homes in St Helens, Warrington and Halton. The office is based in St Helens.

There is a registered manager in post. 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

Summary of findings

and associated Regulations. The current registered manager is also the Chief Executive Officer (CEO) of the organisation. We were informed of plans to change the management structure in the future.

At our previous inspection on 30 October and 1 September 2014 we found that the registered provider was in breach of one regulation, relating to quality assurance monitoring. The registered provider sent us an action plan outlining how they would make improvements. We checked for improvements during this inspection and found that the registered provider had made the necessary improvements to comply with the regulation.

People's care needs were assessed and care plans were put into place to meet those needs. People's wishes and preferences were recorded in their care plans. Risks to people's health and well-being were identified and risk assessments were in place to manage those risks.

Effective recruitment processes were in place and appropriately followed by staff.

Staff had received training in how to recognise and report abuse, although there was some uncertainty with some of the staff of how to put their training into practice.

Recently there had been some staff shortages. The registered provider was in the process of interviewing prospective new staff. The present shortages had been covered by the manager and team leaders.

There were systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided. The monitoring of the service delivery was not always effective.

Skills for care induction training in the Care certificate standards was provided to new staff. This training is planned to be provided to existing staff.

There was a complaints policy and procedure in place, with records of complaints that the agency had received. These had been dealt with appropriately and in the relevant timescale.

Summary of findings

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 safe.

People told us they felt safe and trusted their carers.

Missed calls to people potentially placed people at risk of harm.

We found the registered provider had satisfactory safeguarding procedures in place and staff had received appropriate training. There was some uncertainty amongst the staff of the correct processes to follow.

The registered provider had the necessary recruitment and selection processes in place which meant only staff suitable to work with people using the service were employed. This helped to ensure that people would be protected.

Medication errors potentially placed people at risk of harm.

Requires improvement

Is the service effective?
The service was effective.

Assessments for care and risk assessments had been completed.

Staff supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Skills for care induction training was in place, which was a four day training programme.

Good

Is the service caring?
The service was caring.

People told us the carers are very good and provide a high standard of care.

People's care plans were individualised, containing appropriate information and guidance for staff.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Good

Is the service responsive?
The service was not always responsive.

Complaints regarding missed calls were not always deal with in a responsive way. This placed people at potential risk of harm.

People were encouraged to make their views known about the service and raise any concerns they had.

Requires improvement

Summary of findings

Staff had a good understanding of people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Is the service well-led?

Good

The service was well-led.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Castlerock Recruitment Group Limited

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.

This inspection took place on 5 and 7January 2016 and was unannounced. The inspection was carried out by one inspector and a bank inspector.

We reviewed the information about Castlerock held by the Care Quality Commission (CQC) such as previous inspection records and notifications we had received from the registered manager. Notifications are required to be sent by the registered provider and inform CQC of any significant events about the service or people living at the home.

Before our inspection we spoke with the local authority's safeguarding team and the contracts monitoring team to check if they had identified any concerns or issues on their monitoring visits to the home. There were two safeguarding issues under investigation, which related to a number of missed calls to two people who used the service.

During the inspection we went to the registered provider's office and spoke with the registered manager, the manager for home care, the operations manager, the quality assurance manager for the organisation and six members of staff. After the inspection visit to the office we contacted 11 people by phone to obtain their views about the agency, including some of the relatives of the people who used the service. Most of the feedback was positive. The less positive feedback was particularly around missed and late calls.

We looked at the care records of six people who used the service, including their care plans, risk assessments and other records and documentation regarding health needs and monitoring., We looked at the files of six members of staff including recruitment, supervision and training provision. Other records checked included, audits, medication administration records (MAR), quality assurance monitoring survey questionnaires (received from people and their relatives) and policies and procedures.

Requires improvement

Is the service safe?

Our findings

We asked people who used the service and relatives if they trusted carers and felt safe. Some of the comments were, "So far, they help me get into bed", "Yes I do feel safe and they (carers) are well trained" and "Definitely there is no risk of (name) being harmed the carers are nice girls".

Safeguarding flowcharts for the three local authority safeguarding teams were displayed in the agency's office. These flowcharts gave guidance in how to raise a safeguarding alert to the relevant local authority, if a potential or alleged abuse incident had occurred. We spoke with six members of staff about potential abuse incidents or situations. Staff were aware of the different types of abuse, although there was uncertainty with some staff about the correct process and procedures to follow when raising a safeguarding alert. For example staff were not to take statements, or inform a person if an accusation had been made about them. The manager informed us that the safeguarding procedures would be reinforced with all staff and competency checks would be introduced to ensure that staff are fully aware of the correct process to follow. This would help ensure that people are protected and kept safe.

We had recently received two complaints regarding missed calls. The registered provider was in the process of dealing with this issue during our inspection. There is an on-going investigation related to this. We found that the systems in place that monitored the calls to people was not always effective. The manager told us they are committed to improving the system to ensure that if a missed call occurs it is immediately dealt with.

We were informed by the manager that the agency had recently been short of carers, although the calls had been covered by staff doing extra work. We were told that the agency was in the process of carrying out interviews for carers. The manager told us, "We need about three or four new staff to cover people's needs. We are managing to cover with the co-ordinators and myself. We interviewed on the 5th January and again today on the 7th and recruitment is ongoing".

We looked at six staff files and we found that a satisfactory recruitment system was in place. Records we viewed showed that appropriate checks were carried out, including pre-employment checks such as written references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on a person's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults. A robust recruitment system helps to ensure that only suitably recruited staff are employed.

We were provided with a copy of the medication policy and procedures, which gave guidance on the administration of medication. We looked at the medication administration records (MAR) for some people, which had been returned to the office for archiving. The MAR charts were satisfactorily completed, indicating that people had received their prescribed medicines. One relative told us, "(name) had not been given their med's that are kept in the fridge. It appears that the carer had forgotten about them". The service was contacted and informed of the issue. The manager told us that, "There is a note in the persons care plan, informing the staff that some medicines are stored in the fridge. The issue will be addressed and carers will be reminded not to forget about medication kept in people's fridges". Also that it would now be highlighted on the front of the care plan and also for any other people receiving a service that this could apply to. Missed medication could potentially place people at risk of harm.

We saw that environmental assessments were carried out in the homes of people who used the service. These assessments included information regarding, electric and gas cut-off switches, location of water stop tap and smoke alarms. The assessments helped to ensure the safety of the people and of the members of staff providing care and support.

We recommend that the registered provider review their medication procedures to help ensure that people are protected from harm and kept safe.

Good

Is the service effective?

Our findings

We asked people if their carers were punctual and if they received the right amount of time.

Some of the comments were, “Yes they are very good”, “They don’t miss calls” and “Lately I have been having the same people pretty regular. Before Christmas I had different ones at night. I feel better with the ones I know that are regular and I understand that sometimes this can’t happen if someone is off”.

We reviewed the care files of six people and found that people’s needs had been assessed before being provided with a service and from this initial assessment a care plan was drawn up. We found that people’s records contained information from a variety of sources including family members and health and social care professionals. This helped to ensure people received care and support in accordance with their individual needs and wishes.

We were provided with a copy of the training matrix and we saw that up to date training had been provided for all staff except two. The operations manager informed us, “Training has been arranged for the two staff that are out of date with their training on the 15th February 2016. They will be updated in all aspects that currently show as out of date”.

During and after the inspection we discussed with the home care manager about assessing the competency of staff training, specifically regarding safeguarding and medication training. The manager told us, “The care certificate training takes four days and then a three day competency observation assessment, to determine if the training has been effective”. There was a mixed response from the staff we spoke with regarding training, such as, “Training needs to be improved”, “The training is not always very good or infrequent” and “I have completed my NVQ level three”. We were provided with an induction training pack, which contained the Skills for Care, Care Certificate Standards. This certificate was introduced in April 2015 and all health and social care workers are obligated to complete it. The quality assurance manager of the service told us that the newly recruited staff had completed the four day induction training, which covered the 15 care certificate standards. We were told that the training would also be rolled out to the existing staff. After the inspection we were sent details of planned training, which included the Care Cerificate Standards, for all staff. This would ensure that the full staff team have up to date training, which is appropriate to their roles in supporting and caring for vulnerable people.

We spoke with some staff about the provision of supervisions. Some comments were, “Generally I have supervision every two or three months. But I am able to speak to my manager on most days” and “I have supervision every three months, they are always useful”. The provision of regular supervisions gave the registered provider the opportunity to monitor a person’s performance and to discuss their development and any required training needs. Also helping to ensure that members of staff feel supported and valued.

The manager was aware of the need to refer people to the local authority for assessment under the Mental Capacity Act 2005 (MCA) if they appeared to lack capacity and a family member or friend did not have a Lasting Power of Attorney for health and welfare. She told us that they had established relationships with people, their families and relevant external health and social care professionals and they would initially discuss any emerging concerns about a person lacking capacity with their relatives, if applicable. Staff we spoke with told us they were aware of the MCA. The team leaders and management had received training in the MCA. We were informed by the quality assurance manager that MCA training was planned for all staff. The training programme confirmed this. This showed that the registered provider was taking steps to ensure that people’s rights were being upheld as required by the MCA.

We were provided with a blank copy of a consent form, which incorporated an assessment of a person’s needs, including if a person lacked capacity. We saw completed consent forms that had been signed and dated by people who used the service to show that they had given their consent to receive the support that was provided. Care records were clear about what people’s decisions, their preferences and choices were regarding their care provision and staff understood the importance of gaining people’s consent wherever possible.

Records demonstrated that people had received health care services, such as a GP visit and district nurse services, which had been either accessed by support staff on people’s behalf or people had been supported to contact health professionals themselves.

Good

Is the service caring?

Our findings

People we spoke with told us, “I find my carers at the moment very good”, “I`ve never had any problems with the carers, basically they are just doing their job. They are presentable, wear a uniform and have always had their ID badges on”. Relatives told us, “The carers provide a high standard of care and it’s mainly the same carers”. We asked if they paid attention to personal care and pressure care and we were told, “They are very good, the carers are well trained. (name) has no pressure sores and they are very quick to tell me if they have any concerns “ and “ She is happy with her care and would say so if she wasn`t”.

The six care plans we looked at contained good information, they were descriptive and relevant. The information and guidance for staff was appropriate and satisfactory to meet people’s needs. As an example one person’s care plan stated, “Prefers cup of tea with two sugars”. There were a number of references in care plans about promoting independence and encouraging people to maintain their independence. Personalised care plans helped to show that individualised care and support was promoted and provided.

There were policies and procedures in place to ensure people’s privacy, dignity and human rights were respected and records showed that staff had received training in these areas.

People told us they were always treated with dignity and respect, one person said, “Oh yes they are fine”. We spoke with staff and asked how they would promote dignity and respect with the people they support. Comments included, “Always ensure privacy, close the curtains and doors. Give choices of what to wear and what to eat”, “ When providing personal care, make sure the person is warm and comfortable, continually reassure and ask if they are okay” and “Always tell the person what you are going to do and continually reassure them. It’s all about communication and giving the person choices”.

Requires improvement

Is the service responsive?

Our findings

People and their relatives told us they had been involved in their initial assessments and their care plans. People also said, “Things can be a bit chaotic but the carers are brilliant. Messages don’t always get passed on, when the carers are delayed .Communication is a problem” and “Yes I know how to make a complaint, but never had to”. One person informed us they had made a complaint about calls being late and the manager had visited regarding the complaint. The person said that things had improved in the past week and told us “I think they are trying to reorganise themselves”.

People told us they were aware of how to complain about the service and confirmed they had been provided with information and guidance about how to make a complaint. One person told us, “I have never had to complain, but I would know what to do, if anything was wrong I wouldn’t hesitate to complain”.

We saw the complaints policy and procedure, which was up to date and satisfactory. We looked at the complaints received by the registered provider since the last inspection visit. We saw complaints had been investigated within the agreed timescales. Complaints had been analysed and where necessary, actions had been taken to demonstrate that the registered provider had learnt from the outcome of their investigation.

At the time of our inspection the registered provider was dealing with two complaints about missed calls. An internal investigation was in progress and the people who had raised the concerns had been contacted as part of the organisations procedures. During the inspection we observed the home care manager having a discussion with one person’s relative regarding the complaint. The manager told us, “We are trying our best to resolve the problem and will keep people and their families informed of the ongoing situation”.

When we looked at care plans we found that they were individualised and focused on the person, their likes, dislikes, what’s important to them and information about their social and background history. This detailed information helps to guide the care staff in ensuring that a person centred service is provided. Care files contained specific information regarding, people’s health and medical conditions. We saw that care plans had been regularly reviewed and copies of care plans are kept in people’s homes.

We recommend that the registered provider further develops their systems to ensure that people using the service or their relatives are more quickly informed of any problems with the delivery of the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who is also the chief executive officer (CEO) for the organisation. A newly appointed home care manager has been recruited and it is planned for her to take over as the registered manager of the agency. We were informed that an application to become the registered manager would be made to CQC in the near future.

We were provided with a copy of the out of hours /on call policy. The people we spoke with were fully aware of the on call system and who to contact in the event of an emergency.

People told us, “Yes I have the office number, but I have never used it”, “I did call the out of hours number and they were able to help me” and “I have found them pretty good. The new manager seems good”.

At our previous inspection on 30 September and 1 October 2014 we found that the registered provider was not meeting one regulation, relating to quality assurance monitoring. The registered provider sent us an action plan outlining how he would make improvements. We checked for improvements during this inspection and found that the registered provider had made the necessary improvements needed.

The manager said, “The systems are constantly being looked at to improve the monitoring of the service. An example of this is a spread sheet that has been set up to audit care plans, risk assessments, accidents, incidents and medication. Medication administration is also assessed with competency checks, although we don’t always administer medication”.

At this inspection the quality assurance manager who had been in post for five months provided us with their findings of the most recent quality monitoring survey.

Questionnaires had been sent to people and their relatives. The feedback was generally positive, for example 89% of people surveyed said that workers understood their needs and 90% of people stated their rights to privacy and dignity were respected. Overall 60% of people said the service was excellent and 30% said it was good. Comments included, “I am very satisfied with the care and support I get” and “I receive a fantastic service”. One person commented that they would like to have a more frequent review of their service. The registered provider told us that a letter had been sent to people informing them of the findings from the survey. The operation manager told us, "One of the actions from the survey is that they have implemented a review schedule, to ensure people have a review of their service every three to six months and if their needs change then a review would happen earlier”.

Staff meetings were held on a regular basis and this provided opportunities for staff to meet as a group to discuss the service that people received. We were provided with a copy of the most recent team meeting (November 2015). The team meeting covered issues with missed calls the use of Electronic Call Monitoring (ECM). The minutes of the meeting gave details of what action would be taken if a call was missed. Detailed information was provided to members of staff regarding ECM and about it being a contractual requirement with the local authority .

There was evidence that staff had asked questions for clarification and also to confirm their responsibility. The quality assurance manager told the staff at the meeting, “We will be sending out surveys in January 2016, so that you can have your say and tell us how we can improve” A list of attendees at the meeting was also provided.

Staff we spoke with commented that “The new manager seems very good, nice, approachable and I know they are contactable by phone” and “The manager is approachable and supportive”.

We saw that policies and procedures were reviewed on a regular basis so that staff had access to up to date information. The agency had policies on information security and social media, confidentiality, data protection and access to records and keeping of statutory records. Paper records were stored securely.

All computers were password protected which meant that only the nominated people could access the system.

The registered provider had kept CQC informed of notifiable incidents, which are required under the Health and Social Care Act.