

Health Care Resourcing Group Limited

# CRG Homecare - Rotherham

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

CRG Homecare - Rotherham is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. 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 this inspection it was providing services to around 70 people.

People's experience of using this service:

We found that people received a good service although some improvements were required in relation to governance. The provider ensured care was delivered in a safe way, and had systems in place to monitor the care provided. Most of the people with whom we spoke praised the staff.

People told us they felt the staff were caring and they told us they got on well with staff. They all described their relationship with staff as positive, and most told us they received care from a consistent staff team. They said with the exception of sickness and holidays the provider was usually able to ensure that people received care from a small, consistent staff team, and the provider's records confirmed this. One person said: "They're all very good, they know what they're doing and I wouldn't be without them."

Staff received training which was relevant to their roles. Staff we spoke with told us the training was plentiful and supported them in their work. One staff member said: "The training is really good, I felt like I knew what I was doing after the induction, [the trainer] really went into things for us."

People's needs and risks to their safety were assessed, and detailed plans of care drawn up. People told us they felt safe when receiving care, and staff told us they understood what to do if they suspected people were experiencing abuse. A complaints procedure was in place, although for a period of time prior to the inspection complaints had not been investigated in line with the provider's policy."

People were supported in maintaining good health, and staff liaised with external healthcare providers where appropriate to ensure that care was provided in a way that met people's needs.

Systems were in place to monitor the quality of care provided, however, the audit systems had not identified some shortfalls in service management prior to the inspection. People were predominantly positive about the care provider and management team and said they valued the service they received. One person said: "I don't know where I'd be without them."

More information is in the full report

Rating at last inspection:

The rating at the last inspection was Requires Improvement. The report was published in August 2018

Why we inspected:

This was a scheduled inspection based on the last rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings, below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings, below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings, below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings, below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings, below.

# CRG Homecare - Rotherham

## **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 was carried out by an adult social care inspector

Service and service type:

CRG Homecare – Rotherham is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. 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 we also take into account any wider social care provided. The vast majority of people supported by the service were assisted with personal care tasks.

The service did not have manager registered with the Care Quality Commission, although the new manager had submitted an application to register at the time of the inspection. A "registered manager" 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:

We gave the service short notice of the inspection visit because we needed to be sure that the management team would be available

Inspection activity started on 19 August 2019 and ended on 30 August 2019. We visited the office location on 28 August 2019 to see the management team and to review care records and policies and procedures, and from 22 August to 30 August we carried out telephone interviews of staff and people using the service.

What we did before the inspection:

We reviewed notifications we received from the service and reviewed information we received prior to the inspection from people using the service, their relatives and care staff.

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 gained feedback from the local authority who commission services from the provider

We used all of this information to plan our inspection.

During the inspection:

We looked at five people's care records. Records of accidents, incidents and complaints. We checked records relating to the management of the service and spoke with seven people using the service, five members of staff and four members of the management team.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures, information relating to personnel management and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good.

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

Systems and processes to safeguard people from the risk of abuse

- The provider's systems, processes and staff training helped reduce the risk of harm.
- People told us they felt safe when receiving care from the service. One person said: "I have no concerns [in relation to safety]."
- The provider's training records showed all staff had received training in relation to protecting people from the risk of abuse, and staff we spoke with confirmed this.
- Records kept by the provider showed there had been shortfalls in the way it alerted safeguarding incidents to appropriate external bodies. There were, at the time of the inspection, systems in place to address this.

Assessing risk, safety monitoring and management

- Each person's file showed that a risk assessment had been completed before they began to receive care. They were highly detailed, and the provider's director of quality and care told us that the team had recently worked on these to improve them.

Staffing and recruitment

- The provider had a safe system of recruitment, including checking people's work history, obtaining appropriate references and checking their identification.
- Most of the time we saw people received care from a consistent staff team. One person told us they didn't feel this was the case, but everyone else we spoke with confirmed they usually knew the staff who were going to be attending. One person said: "I've had them [care staff] for a while now, usually the same girls [care team] which I like." Another said: "I have the same four staff all the time. They are very nice people."

Using medicines safely

- At the last inspection we identified shortfalls in the way medicines were managed within the service. At this inspection we found improvements had been made.
- Each person's file showed they had a clear and accurate record of any medication that staff were required

to support them in receiving.

- Managers within the service carried out regular audits of medication records to ensure people were receiving their medication safely.
- Staff received medication competency checks before they administered medication to anyone.
- We found some shortfalls in the way medicines were recorded. For example, one person was prescribed one or two painkillers at each administration, but staff were not recording the number administered. Another person's records showed staff were using a symbol which was undefined on their Medication Administration Record (MAR) meaning it was unclear what was meant when this was recorded. The management team assured us these issues would be picked up as part of their ongoing medication improvement programme.

### Preventing and controlling infection

- Staff training records showed staff had received training in relation to the control and prevention of infection.
- The spot check system, whereby managers carry out unannounced checks on staff as they undertake care visits, showed checks included whether the staff were correctly using personal protective equipment (PPE.) We did identify one set of spot check records where the staff member was not adhering to good infection control practice, The staff member was given a copy of the policy to re-read in response to this. We raised this with the management team who agreed that an additional supervision would be beneficial for this staff member.
- Staff told us they had a good supply of PPE, and people we spoke with told us they thought staff used gloves and aprons.

### Learning lessons when things go wrong

- We saw evidence of changes being implemented following untoward incidents, and saw how practice was changed and reviewed in response to this.



# 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 good. At this inspection it remained good.

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 and preferences were assessed prior to them receiving care. These assessments were highly detailed. Many had been recently reviewed following the provider's quality team spending time on improvements within the location.
- There was an electronic visit monitoring system which enabled care co-ordinators to ensure care was provided in a timely manner and ensure calls were not missed.

Staff support: induction, training, skills and experience

- Records showed staff received a good standard of induction before they commenced work, and staff we spoke with confirmed this. They told us they undertook shadowing shifts when they began work, whereby they shadowed more experienced staff carrying out care tasks until they felt confident to work alone. One staff member told us they had not worked in care prior to taking up this role, but said the induction and shadowing process fully equipped them to meet people's care needs.
- The provider's records showed staff received a good standard of training, and the branch manager told us all training was delivered in house. Staff we spoke with told us the training was good. One staff member said: "[The trainer] was really good, going through everything so you understand it."

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed. These assessments were up to date and many had recently been reviewed.
- People's care records showed where staff were required to provide them with food and drink, there was information about people's preferences and staff adhered to this.
- People we spoke with told us staff provided the food they enjoyed and ensured they were given a choice.

Staff working with other agencies to provide consistent, effective, timely care

Staff knew when to contact outside assistance. People's care records showed evidence of this.

- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care which met people's health needs.

## 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had good systems in place for obtaining and acting in accordance with people's consent.
- The records we checked contained, where appropriate, capacity assessments, and there was evidence that where people lacked capacity the provider had ensured decisions were made in their best interests. Where people had the mental capacity to consent to their care, there was evidence they had given informed consent.

# 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 good. At this inspection it remained good.

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

- Care assessments we checked showed people's cultural needs and preferences were taken into consideration when their care packages were being developed.
- People we spoke with told us care staff consistently treated them with respect and told us they felt listened to when staff were carrying out care tasks. One person said staff knew what they need to do and how they liked things done. They said: "They don't need to ask, they are nice and it's just normal."
- Staff told us about how they respected people's diversity, and said they had received training in this area.

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

- People were regularly asked for their input and views about how their care was being delivered. This was via meetings with managers, phone calls, surveys and during management spot checks of care visits.
- People's views and decisions about care were incorporated when their care packages were devised.
- People told us staff involved them in their care and were aware of their care plans. One person joked with us saying: "They're always asking me, too many questions!"

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them. One staff member said: "I think of them as if it's my own relative, that's what you've got to do."
- When managers carried out monitoring of care visits, by way of unannounced spot checks, they looked at whether staff were treating people respectfully and with dignity.

## 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 good. At this inspection it remained good.

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 care plan we looked at showed the person's needs and preferences had been taken into consideration when the care plan was being developed.
- Staff records of care given demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received. One person told us: "They [the staff] do things my way, that's most important."
- When managers carried out spot checks of care visits they obtained the input of people using the service, which supported people in have control over their care.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- We checked the complaints the provider had received in the preceding 12 months. We found complaints had not been dealt with in accordance with the provider's policy. We raised this with a senior manager, who acknowledged this had been during a period when management within the location had been poor. They told us they had identified this poor management within their internal governance processes and had taken appropriate action. They described how complaints would be better managed going forward.
- People we spoke with told us they knew how to make a complaint, and said they would be confident to do so. One person said: "Not long back I wouldn't have been [confident that complaints would be dealt with properly] but I think things are better now."

# 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 requires improvement. At this inspection it remained requires improvement.

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.

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

- The provider ensured that care was tailored to people's individual needs, and had systems in place to monitor the quality of this.
- Care was audited by means of spot checks of care visits and audits of documentation. The audits had recently found some shortfalls, and the provider's quality team and an interim manager had worked on documentation in the period preceding the inspection to address this. However, the audits had not identified some further shortfalls we found during the inspection and raised with the management team.

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

- Staff were clear about their roles and responsibilities.
- Staff told us they found the management team to be supportive. One said: "They're very good to me." The majority of staff who responded to the provider's own surveys stated that they had a good relationship with their manager.
- There had been a period of time since the last inspection when governance within the location had not been adequate. The provider's audit processes had identified this and a new management team was addressing this at the time of the inspection. However, during the inspection we identified the provider had failed to make certain, legally required notifications to CQC. We raised this with the management team when we identified it, and they assured us they would submit the required notifications retrospectively.

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

- There was a system of surveys, gathering the views of staff and people using the service, which were then reviewed by senior management. The response rate was high and responses about the service were positive.

- People told us they were asked for their views about the service and about the care they received.
- The provider had a mobile phone application for communication with staff, and for staff to communicate amongst one another, although the provider's survey found that the majority of staff said they didn't use it.

#### Continuous learning and improving care

- The provider's audit system had identified shortfalls in service provision prior to the inspection. They responded by increasing management presence at the location to raise standards.
- There were regular team meetings where improvements and learning points were discussed.

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as G.P's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.