Health Care Resourcing Group Limited

CRG Homecare - Wandsworth

Inspection report

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Date of inspection visit:
29 December 2020
07 January 2021

Date of publication:
02 February 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
CRG Homecare – Wandsworth is a domiciliary care service and is registered to provide personal care and support 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 the inspection there were 46 people receiving personal care.

People's experience of using this service:

We found people were sometimes placed at risk of avoidable harm. The provider had not always ensured people received safe care due to care visits not taking place when required. Some care packages that required two care staff were delivered by one. People told us they experienced missed and delayed calls and records confirmed this. People felt their concerns were not always acted on in a timely manner.

People had mixed views about their relationships with staff. They said the frequent change of care staff did not always support them to develop meaningful and caring relationships with them. People had not received a consistent high standard of care. The provider did not effectively use the systems in place to monitor and drive improvement on the quality of care.

Whilst staff generally sought consent from people, they were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The systems in the service did not always support this practice. We have made a recommendation about the Mental Capacity Act within the report.

The service did not have a manager registered with the Care Quality Commission as required by law at the time of our inspection.

People had mixed views about the continuity of care provided. Quality assurance audits showed a high number of positive feedback from people using the service. However, feedback from the majority of our telephone interviews was negative.

Staff underwent safe recruitment and induction before they started the job. Staff received training required for their roles but did not feel supported in their work. Staff followed guidance in relation to infection prevention and worked in a safe manner to reduce the risk of spread of infection.

People's medicines were administered in line with current best practice.

Staff understood their responsibilities on how to protect people from harm and to report concerns to keep people safe. Risks to people were identified and managed.

People did not always feel well supported. Care staff had sufficient information to support people with their needs and choices. People received care that maintained their dignity, confidentiality and privacy.

People's needs were not always met. People were supported to access health services when required.

People, staff and relatives were involved in the service. Staff and management worked in partnership with other agencies, social and health professionals and external organisations.

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

Rating at last inspection
This service was registered with us on 26/09/2019 and this is the first inspection.

Why we inspected
We inspected this service in line with our inspection methodology.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches of regulations in relation to staffing and good governance.

Enforcement: You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring..

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always 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 - Wandsworth

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
The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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 24 hours' notice of the inspection as we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection
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 reviewed information we had received about the service since registration. This included details about incidents the provider had told us about, such as safeguarding events and statutory notifications. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We also sought feedback about the service from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

We requested the provider send information to us prior to our site visit. This included information on people using the service and contact details of care staff.

During the inspection
We spoke with 12 people who used the service and 11 relatives about their experience of the care provided. We spoke with the manager, regional director, care coordinator, field supervisor and five care workers. We reviewed a range of records. This included thirteen people's care records and risk assessments. We looked at ten staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to quality assurance, audits and management of the service including some policies.

After the inspection
We continued to seek clarification from the provider to validate evidence found during the inspection. We looked at more people's care notes and quality assurance records. We sought feedback from the local authority team that commission care at the agency.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse:
● There were insufficient staff to meet the needs of people. The majority of people we spoke with told us there were significant issues with the times at which they received their care visits. Sickness and absence levels impacted on the service. Staff told us they did not always have adequate travelling time; extra calls were often squeezed in and some felt rotas were not well organised.
● People told us, and records confirmed, care staff generally arrived later than expected. Some calls were delivered very late. One relative told us, "During Christmas and Boxing day none of the carers turned up." People and their relatives were concerned sometimes one member of staff instead of the required two delivered care. One relative told us, "[Relative] needs two people to assist her, sometimes CRG sends only one carer, which is very difficult for us." People told us the delays and missed calls meant they struggled to establish a routine with their care, and this impacted on their health and well-being and also caused some distress to them.
● People did not always receive care from a regular team of care staff. In addition, they were not sent a list with names of the care staff providing their care. Relatives commented, "It would be nice if CRG Homecare keep the same regular carer for those who suffer with Alzheimer's" and "There are too many carers and no continuity of care which makes our loved ones more vulnerable and confused."

We found no evidence that people had been harmed. However, the provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's care and treatment needs. 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.

Staffing and recruitment:
● People were supported by staff who underwent safe recruitment practices.
● The provider was recruiting care staff as a priority and there were some in the recruitment pipeline awaiting checks.

Systems and processes to safeguard people from the risk of abuse
● Staff received training in safeguarding and knew how to recognise and report any concerns to keep people safe from harm.
● The provider reported safeguarding concerns to the relevant authorities including the local safeguarding

team.

Assessing risk, safety monitoring and management; Using medicines safely:
● People were supported to receive their medicines based on current best practice. Medicine Administration Records (MAR) were signed and audits did not show any concerns. Staff received training in administering of medicines and had their competence assessed.

Learning lessons when things go wrong
● The provider had systems in place to monitor incidents. Staff knew how to report incidents and accidents at the service. The manager and provider had oversight of the accidents and incidents which enabled them to identify patterns and trends. Incidents were discussed with staff to support learning and minimise the risk of a recurrence.

Assessing risk, safety monitoring and management:
● Risk assessments were carried out prior to a person starting to use the service. These were reviewed and updated when people's needs changed.
● Staff understood and followed people's risk management plans to provide care in a safe manner.

Preventing and controlling infection:
● Staff were trained in infection control and prevention. People told us the majority of staff followed good hygiene practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons. A small number of people highlighted some care staff sometimes wore their masks incorrectly and did not wear them consistently. The manager told us, and records confirmed they undertook spot checks, regular meetings and communicated with staff to increase compliance in the use of personal protective equipment.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Care staff and the manager did not demonstrate sound knowledge and awareness about MCA and its principles. Care records showed staff knew how to support people's health needs when these were reasonably straightforward. Staff told us and records showed they had received training in MCA. However, we were not assured staff understood how to uphold the rights of people with complex needs, the use of restrictive practices, supporting people when they made an unwise decision or acting in their best interest. Where appropriate people had signed consent within their care plans to receive care and support.

Recommendation
We have made a recommendation that the provider ensures staff and management increase their knowledge and application of the MCA.

Supporting people to eat and drink enough to maintain a balanced diet:
● People received support with their meals and drinks when required. Care plans indicated people's needs, including their preferences and special dietary needs. However, some people were concerned with the delays they experienced to their meal times when staff were delayed in getting to them. Comments included, "They help me with my breakfast, and I like it when they come on time. Occasionally when they are

really late, it could be nearly lunchtime before I get my breakfast and then I struggle to eat at reasonable times during the rest of the day" and "I can't make my own drink and I have to wait for the carer to arrive to make me one. If she is really late, it can be late morning before I get my first drink of the day."

Staff support: induction, training, skills and experience:
● People had mixed views about the quality of training staff had received. They commented, "I wouldn't have a clue what training they undertake and if they all do the same training"; "I'd be surprised if they have much in the way of training at all" and "My regular carer has been coming for quite a while now so she always knows what she's doing."
● People were supported by staff who received training for their roles. Staff underwent an induction programme when they started work. However, some staff new to care felt the induction programme was intense and rushed and that there was not enough follow up once they started working. In addition, staff felt they needed more support to check their understanding and application as most of the training was done online. Training records showed staff were up to date with their training.
● Staff received supervision where they could discuss their concerns, progress at work and share their ideas for improvements. However, the system of recording induction, probationary and supervision notes for staff did not make it clear at what stage of monitoring each member of staff was. A senior manager assured us they had reviewed this and were implementing a new system to ensure the induction process, training and supervisions were distinct.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● People had an assessment of their needs before using the service to ensure their needs could be met. People's support plans included their preferences and the assistance they required. People and their relatives took part in planning for their care.

Supporting people to live healthier lives, access healthcare services and support
● Staff worked closely with other agencies to ensure people had access to healthcare services. Care staff told us, and records confirmed they shared information about a person with healthcare professionals when they had concerns and followed their guidance to deliver effective care.

Requires Improvement

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People had mixed views about how staff provided their care. Comments included, "They often have to rush to get everything done and be out to the next client,"; "Carers are very pleasant and helpful"; "Some carers are better than others"; "Our carer is very polite and respectful and also speaks slowly with mum so she can understand her" and "There is real inconsistency across all of the carers. Some are extremely good and are patient and kind and go out of their way to help me, whereas others I just feel like they are coming in doing the job and just want to be gone as quickly as possible."

- Staff considered people's views and needs when delivering care. Staff had information about what was important to people. However, staff did not always have the opportunity to develop meaningful relations with the people they supported. One person told us, "I used to have three or four regular carers but they have a habit of just disappearing without me being told anything, and certainly over the last couple of months or so, I have just seen one carer after another." Staff explained they knew some people better more than others because they did not consistently support the same people over a period.
- Staff met the diverse needs of people using the service. This included individual needs that related to disability, gender, ethnicity and faith such as wearing foot covers where required.

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

- People and their relatives contributed to their care plans. Records reflected people's wishes.
- People told us they were involved in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "I did actually ask if I could have male carers and I have a lovely one at the minute who is so kind and considerate." However, some people told us care staff did not always have time to chat. Care records showed staff used language that was respectful.
- People told us staff respected their privacy. Relatives commented, "[Care staff] always makes sure that the curtains are closed before they start doing anything" and "They do at least make sure that the bedroom door is closed when they are washing her in the morning and the door doesn't get opened until she is dressed and ready for the day."
- People were supported to maintain their independence. Staff had guidance on how to encourage people to do what they could for themselves.
- The provider ensured staff respected people's confidentiality. People's records were collected every month from their homes. Their records were kept in offices which were locked and only accessible to

authorised persons.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns:
● People told us they knew how to make a complaint and raise a concern. However, some people and their relatives told us their concerns were not always resolved. People told us, "I usually complain to the manager of the service but I have to say it's honestly not worth the effort it takes because they never do anything about it" and "I have recently complained about a couple of missed calls and also the fact that the carers turn up at any time of the day rather than when they are supposed to. Unfortunately, whilst they are very quick to apologise, nothing ever changes and I am still experiencing the same difficulties as I was before I made the complaint." We spoke with the manager who told us they had increased their oversight and were in contact with people more regularly to address concerns as they arose.
● The provider had systems to manage complaints. We saw one record of a complaint were the provider undertook an investigation as per their policy.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People had care plans which detailed their support needs. Staff had sufficient information about how people wanted their needs to be met. People received support that met their needs and preferences.
● People and their relatives were involved in planning for their care and support. One person told us, "We met with staff from the office and we discussed what I like and what I don't like". A relative said, "We are fully involved".

End of life care and support
● At the time of the inspection no-one was receiving end of life care from the service. However, there were systems in place to record people's advanced wishes.

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.
● People's communication needs were considered within their care plans.
● The provider understood their responsibility to ensure people had access to information in a format they understood. The manager told us information could be made available in different formats if required for example, items in larger print. A relative told us the manager had supported a person who did not have English as their first language by matching them with a carer who spoke their language.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- The systems in place to monitor the quality of service were not always effective. For example, we found people were concerned with recurring issues of punctuality and delayed/missed calls. People and their relatives were also concerned about the inconsistency of care workers assigned to provide their care. People said they did not have rotas to know who was coming to provide their care and when they had, these were changed at short notice without being informed. Staff were unhappy about the changes made to their rotas in most instances overnight.
- An electronic monitoring system (EMS) to monitor staff logging in and out of people's homes was managed remotely away from the care coordinator who had oversight of care staff allocation for calls. The manager told us the staff monitoring the EMS informed the care coordinator if there were concerns around delayed and missed calls so they could take action. We saw most of the action taken was to address the immediate late calls, but this was not sufficient and proportionate to the volume of issues and impact on people's lives. The field supervisor undertook spot checks in relation to punctuality and reported to the manager.
- We were not assured the ESM was monitored effectively to minimise the risk of people not receiving care. We requested rotas of 10 care staff, the names of the people these care staff had supported in a four week period and their corresponding EMS logs. We analysed this information and our findings showed information of concern in the call logs. For example, we saw evidence of care staff that showed them as logged in two different places at the same time. Our findings also showed staff did not always spend the allocated time for providing of care when they went into people's homes. There were instances where it had been assessed that two care staff were needed, but the staff had signed in and out at different times for the call. Not enough action had been taken to ensure the issues we found were fully understood and identified which meant the EMS system did not work in these instances. The issues we found with the ESM need to be addressed to ensure effective monitoring of the service provided to people.

Continuous learning and improving care

- We found systems to monitor the time at which people received their care visits were not sufficient and effective. Some of the issues we identified were already known to the provider. Staff told us they had raised concerns with the rota management but the issues remained. We were not assured the provider took sufficient action to ensure these issues were monitored and resolved.
- Staff told us they were sometimes advised of team meetings at short notice which did not give them an opportunity to take part. Records showed the management team held various meetings with staff. However,

we did not see records of the care staff who attended the meetings. We could not be assured of consistency of attendance and sharing of good practice across the team.

Quality assurance systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and their relatives had concerns about the communication with the office. They commented, "The communication channel [with the office staff] is very poor. When carers are running late, or they don't turn up they don't inform us"; "The management is very disorganised and time keeping is getting poorer" and "The service is very comprehensive but just need to improve the time management."

There was no manager registered with the Care Quality Commission (CQC) as required by law. We had not received an application which had been approved at the time of our inspection. The provider was clear about their responsibilities for reporting to the CQC and the regulatory requirements.

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 had concerns about how the service was run. People we spoke with felt the management needed to act promptly to their concerns around rota planning, allocation of care staff and punctuality.
● Our discussions with staff showed a desire for more honest and open communication between them and management to develop a positive culture at the service.
● Some members of care staff felt the manager and provider did not promote an open culture which contributed to their work dissatisfaction. Staff felt they worked well with each other and when they were required to work in pairs. However, staff morale seemed low especially with the way the rota was managed. Comments from staff included, "Changes are made to the rota overnight"; "I sometimes get messages between calls telling me of changes" and "By the end of the week, my rota does not resemble anything like the original shifts I started with."

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 provider understood their responsibilities to be open and honest when things go wrong. They had investigated a complaint raised by a person using the service.
● Safeguarding concerns were dealt with and raised with the local authority when required. The provider and manager ensured notifications were submitted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
●The provider and management team involved people to provide their views about the quality of service they received, through surveys, quality assurance checks and an open-door policy at any time.
● Annual surveys were sent out to people and their relatives to gain their feedback. The feedback we read was largely positive. However, this was in contrast to the negative feedback people told us.

Working in partnership with others:
● The service worked in partnership with the local authority who commissioned care and other healthcare providers to support care provision.

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 17 HSCA RA Regulations 2014 Good governance Quality assurance systems needed further development to ensure these identified all areas of risk to people and improvement required with sufficient action taken.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed to provide care. Regulation 18 (1)