Castlerock Recruitment Group Ltd

# CRG Homecare - Wolverhampton

## Inspection report

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06 March 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection was announced and took place on 27 and 28 February and 6 March 2017. CRG Homecare Wolverhampton provides personal care to people in their own homes. At the time of our inspection the service was supporting 11 people. This was the services first inspection since they registered with us.

The provider had recently appointed a manager who was in the process of registering as a registered manager for the service. 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 and associated Regulations about how the service is run. The provider had recently appointed a manager who was in the process of registering as a registered manager for the service.

People felt safe when receiving support from staff. People were supported by a sufficient numbers of staff who had been safely recruited. People were supported by staff that had a good understanding of how to recognise and report concerns about people's safety. People's risks were understood by staff and staff were able to tell us how they managed these risks. People who were supported by staff to take medicines received them medicines as prescribed by staff that had been trained and assessed as competent.

People were supported by staff that had the skills, knowledge and support to carry provide personal care to them. Staff sought people's consent before providing care and support. People who were supported by staff to prepare and cook meals were provided with choices, and appropriate support was provided to assist people to eat and drink where required. Staff understood people's dietary requirements. People were supported to access healthcare professionals if required.

People told us staff were kind and caring and they were encouraged to make day to day decisions about their care and support. Staff respected people's choices and promoted people's privacy and dignity and encouraged their independence.

People were supported by a consistent staff team who had a good understanding of people's needs and preferences. People and their relatives were invited to attend care reviews and provide their input. Staff were kept up to date with people's changing care needs to ensure they were able to provide effective support. There was a system in place to record and investigate complaints and the provider used complaints as a means of learning and improving the service.

The provider has systems and processes in place to monitor the quality and consistency of the service. There were processes in place to enable people and their relatives to provide feedback on the service. Staff felt supported in their roles, listened to and involved in the development of the service. The provider understood their responsibilities to notify us of certain events such as allegations of abuse and serious injuries and had done so appropriately.

## 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.

People said they felt safe. Staff knew how to recognise signs of harm or abuse and understood how to report concerns about people's safety. People were supported by staff who understood their risks and how to manage them. People were supported by sufficient numbers of staff who were recruited safely. People were supported to receive their medicines as prescribed.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to carry out personal care. People's rights were protected as staff asked for their consent before providing care. People were supported to access healthcare professionals when required.

### Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. People were supported to make choices about everyday tasks. People were supported by a staff team who understood the importance of treating people with dignity and respect and promoting people's independence.

### Is the service responsive?

Good

The service was responsive.

People were supported by a consistent staff team who understood their needs and preferences. People's changing care needs were regularly reviewed and documented. People and their relatives were encouraged to take part in care reviews. Complaints were investigated and responded to.

### Is the service well-led?

Good

The service was well led.

People and their relatives were provided with opportunities to give feedback on the service. Staff felt supported in their roles and felt their views and suggestions were listened to. The provider had systems in place to monitor the quality and consistency of the service.

# CRG Homecare - Wolverhampton

**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 checked 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 27 and 28 February and 6 March 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service.

We reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as allegations of abuse or serious injuries. We also contacted the local authority service commissioners and the safeguarding team for information they held about the service. We used this information to help us to plan the inspection.

During the inspection we spoke with three people who use the service and five relatives. We also spoke with three members of staff, a care coordinator, the newly appointed manager and the area manager. We reviewed a range of records about how people received their care and how the service was managed. These included four people's care records, two staff files and records relating to the management of the service. For example quality checks and complaints.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the staff that provided their care and support to them. One person said, "I do feel safe when the carers are here". Another person told us, 'Yes I feel safe, that is good".

Staff had received training in keeping people safe and knew how to recognise and report potential harm or abuse. One member of staff said, "Abuse can be lots of different things, physical for example, I would inform the manager if I thought someone was not safe". Staff we spoke with had confidence that issues regarding people's safety would be appropriately escalated to the local authority safeguarding team by the manager. One staff member said, "I am confident that safeguarding issues are escalated properly". Staff were aware of the providers whistleblowing policy and told us they would be confident to use it if required. We spoke with the newly appointed manager and found they understood their responsibilities for investigating and escalating allegations of abuse. This demonstrated that people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

People were supported by staff that had a good understanding of their risks and how to manage them. Staff could tell us about people's individual risks and the actions to take to keep people safe. For example, they told us about people who were at risk of falls and how they were supported to mobilise safely. They described how to support people at risk of developing pressure sores to reduce the risk. We looked at people's care records and saw that risks had been assessed and reviewed regularly to reflect any change in risk or needs and staff were informed of these changes. One staff member said, "If a risk or need changed, such as the need to use a new piece of equipment, the care plan is updated, it is written in the communication log book, we get an email and a call from the manager, we are told in advance of providing the call for the person". There had not been any accidents or incidents at the time of the inspection. However, we saw the provider had a process in place to ensure that all accidents and incidents were reported, recorded and appropriate action taken to ensure they reduced the likelihood of them reoccurring. Staff we spoke with were aware of this process and the action they should take in the event an accident or incident occurred.

People were supported by sufficient staff who had been recruited safely. Staff told us they were not able to work with people on their own until the provider had received suitable pre-employment checks, such as references and DBS checks. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. Records we looked at confirmed this. People we spoke with had not experienced any missed calls and if staff were running late they were contacted by the provider. One person said, "The carers are early rather than late, there are no missed calls the carers always come". Another person told us, "The carers come on time". Staff told us they felt there were enough staff to ensure people's needs were met and they were kept safe. One staff member said, "Our job is to support people we pull together to help out, there are no problems with staffing we are never short staffed". Another staff member told us how there was always two staff members allocated to calls where it was required. They said, "We always have two staff where it is needed, for example if you need to hoist a person". We spoke with the area manager who told us staffing levels were determined by the number of people who used the service and the level of support they required. They told us sufficient time was allocated to allow staff adequate travelling

time between calls. Staff we spoke with confirmed this. This meant people received calls at agreed times and there were sufficient staff to ensure people's needs were met and they were kept safe.

People we spoke with told us they did not require any support to take their medicines. However we saw the service was administering medicines to some people or were prompting people to take their medicines. People were supported to receive their medicines as prescribed by staff that had been appropriately trained. One staff member said, "We have medicines training on induction, we know what medicines people take and at what times. We log these on the Medicines Administration Records (MARS) and also in the daily communication books". Staff also told us they were subject to competency checks to ensure they were giving people their medicines as prescribed. Records we looked at confirmed what staff had told us. We looked at MAR's records and saw that people received their medicines as prescribed. Systems and processes were in place to check people were receiving their medicines safely and we saw these were effective at identifying and addressing any concerns. This meant there were safe systems in place to ensure people received their medicines as prescribed.

Good

# Is the service effective?

## Our findings

People were supported by staff had had the skills and knowledge to provide care and support safely. Staff told us they had to complete an induction which consisted of written and practical tasks. Staff told us that they shadowed experienced members of staff before they could work with people on their own and this enabled them to get to know people's needs. One staff member said, "I shadowed for the first week, you can ask for longer if you need it, I had time to read people's care plans and get to know people so that I understood what needed to be done on the calls". Staff completed the care certificate as part of their induction. The care certificate is a set of national minimum standards that new care staff must cover as part of their induction process. Staff had access to ongoing training to ensure they were kept up to date with legislation and best practice. Staff told us they had access to regular support from their line manager in the way of one to one supervisions and appraisals. They told us these sessions were useful for them to discuss their performance, any concerns they had and training needs. Staff also told us senior staff members completed regular spot checks where they were given feedback on good practice or areas for improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were supported by staff who sought their consent before supporting them. Staff gave examples of how they gained consent from people, for example, where people were unable to communicate verbally they would use hand gestures or referring to objects of reference to gain consent. One staff member said, , "One person will give consent to having their medicines by opening their mouth". Another staff member said, "You can't force people to do things they don't want to do".. A third member of staff member said, "You assume people have capacity, if you think people don't have capacity then a capacity assessment should be carried out". We looked at information about people's capacity in their care records and saw that people were involved in making decisions about their care where possible. Where people lacked capacity to make decisions we saw the provider completed a decision specific capacity assessment and decisions made in people's best interests were recorded. This meant the provider was working to ensure people's rights were protected.

People we spoke to told us staff supported them to prepare meals when required. One person told us, "The carer will get a breakfast or heat up a dinner for me that the family have organised". Another person said, "My family deal with my food. The carers leave me a drink of water and a cup of tea". Staff were aware of people's individual likes and preferences in relation to food and drink and could tell us about people's specific dietary needs. For example, low sugar diets for people who were living with diabetes. Staff told us how they supported one person to eat as they were unable to feed themselves. People's dietary needs and support requirements were recorded in their care plans for staff to refer to. People were supported to make choices about what they ate and drank. Staff gave us examples of how they provided people with choices of food and drink. They also told us how they communicated with people who were unable to communicate verbally by showing them the options available to them. This meant people were supported to make choices about what they ate and drank and received the appropriate support to eat and drink sufficient quantities when required.

People mostly managed their healthcare appointments themselves or were supported by relatives. However, staff were able to tell us how they would recognise a deterioration in a person's health and what action they would take. For example, contacting relatives, a GP or calling 999 in an emergency. Staff told us they would ensure calls were arranged at appropriate times to ensure people were ready to attend healthcare appointments where necessary. One staff member told us how they had arranged transport to a hospital appointment for them as the person was unable to do this themselves. This showed people were supported by staff who knew what action to take in the event that a person's health needs deteriorated, and that people were supported to access healthcare services when required.

Good

# Is the service caring?

## Our findings

People were supported by staff who were kind and caring and showed respect for the people they cared for. One person said, "They [staff] are all respectful and polite". They went on to tell us, "When I am given personal care the carers are gentle and kind, I have nothing else to say – I am happy with the care I have". Another person said, "The carers are kind to me". A third person told us, "The carers are respectful of my home and I have no complaints". Staff we spoke with demonstrated a kind and caring approach to the care and support they provided and told us they developed good relationships with people. One staff member said, "The main focus is to make sure that people's needs are met". Another staff member said, "I talk to people gently". This showed that people were treated kindly by staff.

People were involved in making day to day choices about their care and support. Staff told us about the ways in which they encouraged people to make a range of choices whilst carrying out care and support such as, a choice of clothes and food. One staff member said, "You have to allow people time to make choices". They shared examples of how they ensured people who were unable to communicate verbally were provided with choice and control over their care, such as showing them a selection of clothes for them to choose or the options of food and drink that were available to them. Staff told us they were respectful of people's choices. One staff member told us about a person who liked to get up to wash and eat and then liked to go back to bed. They told us they respected the person's decisions.

People were supported by staff who understood the importance of maintaining people's privacy and dignity and promoting their independence. One person told us how staff knocked on their door and alerted them as to who they were before entering their property. Another person told us they felt staff had a good understanding of confidentiality and respected people's right to privacy, they said, "I never hear the carers talk about other patients". Staff shared examples of how they worked to maintain people's privacy and dignity. One staff member said, "When I am doing personal care I always close curtains and cover people with a towel". They also told us, "One person can go to the bathroom by themselves, they can do everything themselves we just stand outside the door and talk to them to make sure they are safe". Another staff member said, "We encourage one person to stand by themselves, although they are unable to walk independently". Staff told us spot checks looked at care staff's ability to work in ways that maintained people's privacy and dignity and promoted their independence. One staff member said, "Competency checks are completed, senior staff check that you are following the care plan, using the right equipment, promoting independence and privacy and dignity and that you are putting people at the centre of their care". Records we looked at confirmed this. This demonstrated that there were systems in place to ensure staff were treating people with dignity and respect and encouraging their independence.

Good

# Is the service responsive?

## Our findings

People were supported by a consistent staff team who had a good understanding of their needs and preferences. Staff could tell us about people's individual needs and how to meet them. They were also able to tell us about people's preference when delivering personal care, such as what products they liked to use, their food and drink preferences and how some people liked to be addressed by an alternative first name. We looked at care records which confirmed that staff knew people's needs well. Staff we spoke with told us they were allocated the same people to provide care and support to. They said that this meant they were able to form positive relationships with people and were able to get to know people's needs and preferences. One staff member said, "We normally have the same staff attending the same calls, sometimes if staff are absent this does not happen but generally we get the same people, we get to know people's needs". Staff told us they were given time to read through people's care plans before providing care and support. One staff member said, "Before we go out to a new client we have to read the care plan". A senior staff member told us, "New staff are encouraged to read people's care plans to get to know people's needs before they go into the call".

People and their relatives were encouraged to be involved in the planning and review of their care. We spoke to the newly appointed manager about how people and their relatives were involved in developing and reviewing their care plans. They said, "People and their relatives are invited to attend reviews of care, 90% of the reviews have been done with family members present recently". We looked at people's care records and other records relating to the management of the service and these confirmed what the manager had told us. People's care records contained information about their care needs, risks, likes and dislikes and personal histories. People's care needs were regularly reviewed to ensure that people's changing needs were met. Communication within the service was good. Staff told us they were informed of changes to people's needs or preferences promptly via a variety of different sources, such as text messages, phone calls, emails, communication logs and team meetings. Records we looked at confirmed this. For example, we saw information had been shared with staff regarding a person's care needs following discharge from hospital. This showed us staff were informed of how to meet people's needs when changes occurred.

People were communicated with in ways which they preferred. For example in their preferred language. One staff member said, "I can speak several different languages so was allocated to a person who spoke Punjabi, this meant I was able to communicate with the person in their preferred language". Staff told us how they communicated with people who were hard of hearing. For example, one member of staff told us how a person they supported was deaf but could lip read They told us how they spoke clearly and slowly and at eye level to ensure the person could understand their communications. Staff also told us how they used hand gestures of objects of reference to communicate with people where necessary.

The services complaints and compliments policy was made available to people through a service user handbook which was provided to people and their relatives when care commenced. We could see people understood how to make a complaint as we saw a complaint had been made. We looked at this complaint record and found the complaint had been investigated and responded to in line with the provider's policy. This meant the provider had a system to ensure complaints were appropriately managed.

Good

# Is the service well-led?

## Our findings

The provider had systems and processes in place to monitor the quality and consistency of the service. A variety of checks were carried out regularly such as care plan audits, medicines records audits and spot checks on staff. We looked at records relating to these checks and found they were mostly effective at identifying any required improvements and we saw appropriate action was taken to address any concerns. For example, we saw appropriate action had been taken in response to medication administration recording errors which had been identified. The area manager told us that in addition to these regular checks, the provider also had a central quality assurance team. They told us this team visited each service annually to review quality and consistency. As this service was newly registered a quality assurance visit had not yet been completed, however we saw evidence that this visit had been planned for later in the year. During this inspection we did find some minor issues relating to record keeping. We discussed our findings with the newly appointed manager and the area manager who told us they would take the necessary action to address these issues.

The provider was seeking ways to improve efficiency and identify concerns more promptly. For example, the provider had systems in place to check on call times, durations and missed calls. Currently the provider was checking this through the audits of daily communication logs. However they told us they were looking to introduce a more effective system to do this which would enable them to identify and address issues more promptly.

People and their relatives were invited to provide feedback on the service they received. We saw people were asked about their views on the quality of service through a range of means such as, telephone calls, satisfaction surveys and care reviews. The area manager told us that annual quality assurance visits were completed at all branches by the provider's central quality assurance team. They told us this visit was due to take place in April 2017 and the analysis of feedback would be completed at this visit. We saw evidence that confirmed what the area manager had told us. The area manager told us the information obtained from the analysis of feedback is provided to branch managers who were responsible for developing an action plan outlining how they would ensure the service made improvements in line with feedback. As this visit was not due until April 2017 it was too early to determine if feedback was used as a means of improving the service at the time of the inspection. The provider has systems in place to collate feedback from people and there was a system in place to analyse the feedback received.

Staff felt supported in their roles and told us the management team were supportive and approachable. One staff member said, "The managers are very nice, very helpful, always smiling and always there to help you". Another staff member said, "The new manager has only been here a few weeks and I can see that they are a 'doer', gets things done, we are a good team". Staff felt they were well communicated with and kept up to date with both service and organisational issues. One staff member said, "We have team meetings which are useful. We discuss problems, concerns, they tell you about checks that have been done and what needs to be improved". Another staff member told us, "Communication is good; we are kept up to date with changes". Another staff member said, "If you are unable to attend a team meeting the manager will send you an email or will update you when you come into the office". Records we looked at demonstrated that

communication was good. We saw the provider distributed a weekly update to inform staff of organisational changes, overall performance issues, sharing of best practice and celebrating carer of the month. We saw compliments were shared with staff and staff received feedback on their performance.

Staff told us they felt the manager listened to them. One staff member said, "The managers do listen to you". Another staff member told us how they had put forward a suggestion to change the call runs to be able to better meet people's needs. They told us how the manager had taken this idea on board and had implemented this new way of working. This showed that the provider was keen to ensure staff were involved in the development of the service.

We spoke with the newly appointed manager who had submitted an application to register as the registered manager for the service. We found they were aware of their responsibilities which included submitting notifications to us when required to tell us about certain events or incidents of concern occurred as is required by law.