

Health Care Resourcing Group Limited

CRG Homecare - Wolverhampton

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?	Good ●

Summary of findings

Overall summary

About the service

CRG Homecare – Wolverhampton is a domiciliary care service providing personal care to people living 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 210 people were receiving a regulated service.

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

People told us they felt safe when receiving care. Staff knew how to identify and report concerns relating to people's safety and well-being. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines as prescribed. Staff were safely recruited.

Decisions about people's care and treatment were made in line with law and guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training relevant to their role and understood people's individual and diverse needs. People were happy with the support they received with meals and drinks. People were supported to access healthcare support when needed.

People were supported by a caring staff team who respected people's choices. People were supported to maintain their independence and their privacy and dignity was valued.

People were supported by a staff team who understood their needs and preferences. People and their relatives were involved in the assessment and planning of their care. People knew how to raise a concern if they were unhappy about the service they received.

People, relatives and staff felt the service was well managed. The registered manager and staff team had made improvements since the last inspection. People, relatives and staff were given opportunities to share feedback about the service. The registered manager and provider undertook regular auditing to ensure the quality of care provided. Staff held fundraising events to raise money for local charities.

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

Rating at last inspection

The last rating for this service was good (published 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

CRG Homecare - Wolverhampton

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 was carried out by one inspector 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 had a manager registered with the Care Quality Commission. This 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 October 2019 and ended on 10 October 2019. We visited the office location on 7 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with six people who received a service and 14 relatives. We also spoke with five staff members and the registered manager. We reviewed a range of records. This included five people's care records. We also looked at medicine administration records, records of accidents, incidents and complaints and quality assurance records. We also looked at two staff recruitment files.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they or their family members felt safe when receiving support from staff. One person said, "I feel safe with staff. They help me stay confident."
- Staff had received training in safeguarding and knew how to identify signs that people may be at risk of harm or abuse.
- The registered manager was aware of their responsibility to protect people from harm and where concerns had been identified had made appropriate referrals to the relevant agencies. They had also submitted notifications to CQC, as required by law.

Assessing risk, safety monitoring and management

- People told us staff were aware of the risks involving their care and acted to protect them from avoidable harm. One relative, whose family member was a risk of developing sore skin told us, "The staff are aware and monitor their skin. They alert me if there are any concerns and we contact the nurses."
- Care records reflected that people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently. Risks were regularly reviewed by senior staff and care plans updated where necessary.

Staffing and recruitment

- People told us staff were generally on time for their support calls and they were notified if staff were running late. People spoke positively about their regular staff; however some people felt the quality of their care could be improved when their usual staff were absent. We shared this feedback with the registered manager who explained they were in the process of improving staff consistency having taken on a number of support packages from another agency.
- The registered manager told us they were in the process of recruiting staff with the aim of ensuring people had a group of regularly staff who knew them well.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People told us they were supported to take their medicines on time and as prescribed.
- Staff were trained in the safe administration of medicines and their competency was regularly assessed by senior staff. Where concerns were identified, action had been taken to address this, which involved retraining staff and additional supervision.
- The registered manager had recently made improvements to the system of auditing the medicine

administration records. This ensured any errors were quickly identified and appropriate action taken.

Preventing and controlling infection

- People told us staff took steps to reduce the risk of infection by using equipment such as gloves and aprons.
- Staff had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong

- Staff understood their responsibilities to report any incidents or accidents. The provider used a reporting system to classify concerns in terms of the level of severity and likelihood or reoccurrence. This allowed them to track concerns and follow up any identified actions.
- We reviewed records of events and saw the registered manager had acted in response to incidents or errors. This included retraining to improve staff practices or holding one to one meetings with staff to discuss concerns.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Although not everyone we spoke with could recall their initial assessment, people were confident their needs had been assessed and were regularly reviewed.
- Care plans reflected people's individual needs and preferences and gave consideration to people's diverse needs including, but not limited to, gender, religion, culture and sexuality.

Staff support: induction, training, skills and experience

- People and relatives felt staff were well trained and had the knowledge and skills required to support them safely. One person said, "Staff support me from my chair using a rotunda. They do it carefully and safely."
- Staff told us they received training relevant to their role. One staff member told us they had recently updated their training which had included moving and handling, medication administration and recording, fire safety and health and safety.
- New staff received an induction and were given the opportunity to work alongside more experienced staff while they got to know people. On-going support and supervision were provided by field care supervisors and senior staff.

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

- Some of the people we spoke with received support to prepare meals. A relative told us they had been pleased about the support their family member received commenting, "We've just added meals and [person] is eating more since they've started."
- Where people had specific dietary needs, staff were aware and care plans offered detailed guidance about how people's meals should be prepared and the support people required to eat safely.

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

- People and relatives told us support was available to help people access healthcare services when required.
- Staff described how they worked with other partner agencies to ensure people received care that met their changing health needs. We saw people had been referred to GP's, district nursing teams as well as having oral health assessments. Social workers and rehabilitation specialists had also been contacted to support people's well-being.

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.

- People told us staff asked for their consent before care and support was provided.
- Records reflected assessments of people's capacity to make decisions about their care had been carried out and recorded. Guidance was provided for staff to support people in making choices and decisions about specific aspects of their care.

Is the service caring?

Our findings

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

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

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

- People told us staff treated them with respect and kindness. One person told us, "I love the carers visits, they have brightened my days."
- We reviewed feedback from relatives and saw one relative had commented, "I couldn't have asked for more dedication from the carers there was a greeting and a smile and excellent care given every day."
- Staff were aware of people's individual needs, including cultural and religious preferences and these were reflected in care planning and support records.

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

- People told us there were involved in making decisions about their care. One person said, "Carers help me get dressed nicely and don't rush me and they will get things for me. They give me a choice."
- Staff were able to describe how they supported people to make their own decisions. One staff member said, "I always ask people how they would like me to help them. Offer them choices of clothing or meals."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated with dignity and shared examples with us of how staff respected their privacy, particularly when supporting with personal care.
- Staff promoted people's independence by encouraging them to do daily tasks for themselves. For example, one person was encouraged by staff to do washing up as they enjoyed this task.
- Where people did not have essential items, such as toiletries, the senior staff team arranged welcome hampers to help maintain their 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 as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care was planned in accordance with people's needs and preferences. Care records reflected people's likes and dislikes and included details about their life histories and important relationships. For example, we saw one person's care plan reflected that their relative wanted to be involved in care tasks and also included the relative's preferred name.
- People's care was reviewed regularly, or if there were any changes. A relative told us, "The management check periodically with me to see if [name] needs anything and also to let me know if I need to get her anything. They are very good."

Meeting people's communication needs

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

- The provider met this standard and had a policy in place which reflected the need for information to be available in a format which met people's individual needs. There was a service user guide available in an 'easy read' format and care plans contained details of people's preferred communication styles.

Improving care quality in response to complaints or concerns

- People consistently told us they had not had cause to complain but felt confident to raise concerns if they were dissatisfied. Staff were aware of the complaints procedure and had escalated any verbal complaints made directly to them.
- The provider had a complaints policy which was followed when concerns were received. These were dealt with initially by the registered manager and then escalated to the provider.
- We reviewed complaint records and found the registered manager had an open and honest approach when things had gone wrong. They had taken responsibility for any errors and apologised to people where there were failings.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, care plans reflected the care people would like to receive at the end of their life. This included information about the person's spiritual or religious wishes.
- The registered manager shared with us examples of how they had worked alongside other agencies to ensure people's end of life needs and wishes were met.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback from people and relatives about the management of the service was largely positive. People expressed they were happy with the care they received and felt staff were well trained and treated them with kindness and respect.
- The registered manager told us they worked to promote a positive culture within the staff team, which was reflected in feedback from staff. One staff member said, "There is a strong value base here and this is explained during our induction. The care people receive has to be good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the registered manager spoken with people and their families and explained what action they had taken to improve the quality of care people received.

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

- The registered manager and senior staff regularly reviewed the quality of care people received. They completed audits on care and medicines records and acted where inconsistencies were identified. Information about the service was also captured on a weekly manager's report which was submitted to the provider for additional oversight.
- The registered manager took part in the provider's 'safety matters' group which gathered evidence from their homecare services and looked at what improvements could be made in relation to people's safety.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in the registered office.

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

- People and relatives told us they were able to give feedback through reviews or contact with senior staff and the registered manager. Some people told us they felt able to contact office staff to give feedback but

had at times been given the impression staff were too busy to deal with their concerns. However, despite this, their feedback to us about the care they received was positive.

- Relatives felt their views were considered and told us they felt involved in their family member's care. One relative said, "I have no complaints. I don't know what we would do without them they make a difference to [person's] life and to my life."
- Staff told us they were confident to give feedback and did this through one to one meetings or conversations with the registered manager. Staff described the registered manager as approachable. One staff member said, "The management support here is good, very reliable. I'd feel happy to raise anything that was bothering me."
- The provider sent out surveys to people and staff to gather feedback. We saw there was mixed feedback from staff about their views of the provider which the area quality director told us was being further analysed to ensure appropriate action could be taken.

Working in partnership with others

- The registered manager and staff team worked with healthcare professionals and other partner agencies.
- Information about local support agencies was collated and distributed to people and staff worked closely with relatives to help where a need for additional support was identified. For example, staff supported one person to access prepared meals after they noticed the person was losing weight. Since starting the meals, the person's health had improved.
- The staff team worked with charities to support fundraising for local causes. Recent events included a bake sale, a coffee morning and a collection of toiletries which were donated to a local hospice.