

Castlerock Recruitment Group Ltd

CRG Homecare - Salford

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an announced inspection carried out on the 13 October 2015. We also contacted people who used the service via phone on the 19 and 20 October 2015 to obtain their views on the quality of services provided.

CRG Homecare - Salford is a domiciliary care agency, which provides personal care to people in their own homes, who require support in order to remain independent. The office is located in Clippers Quay, Salford and services are currently provided to people residing in the Bolton, Trafford and Rochdale area.

There was a registered manager in place. 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 registered manager was not present during the inspection, however the local branch manager was present throughout.

Summary of findings

This service had not been previously inspected, as they were newly registered with the Care Quality Commission (CQC).

All the people we spoke with told us they felt safe when the care workers were in their home and felt that their possessions and property were safe.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We found people were also protected against the risks of abuse, because the service had robust recruitment procedures in place.

People we spoke with who were administered medication by staff told us their medication was administered on time and appropriately. We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. People we spoke with told us that calls were generally on time, but there were also late calls at times. Some people we spoke with told us that their regular care staff arrived on time or within a reasonable time, but calls from unfamiliar care staff were often late, for instance at weekends or when covering for sickness.

When calls were significantly late, some people told us the office rang them to inform them, and others said this did not always happen and they had to ring the office on occasions to query late calls.

People we spoke with told us they thought the care staff who supported them were well trained and competent to do their jobs.

Staff we spoke with confirmed they received training both at induction and then annually through refresher training.

We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people and from reviewing ten care files.

People we spoke with told us they had been able to make some choices about their care, such as the times of calls, what to eat and how their personal care was delivered.

People we spoke with thought the care staff were kind, caring, patient and respectful.

People also told us that care staff respected their dignity and privacy, as did relatives we spoke with.

People could recall setting up their care plan and felt fully involved in determining their care needs.

Some people we spoke with and their relatives felt that the care and support they received was not always responsive to their needs. A number of people who used the service told us they did not receive support from regular care workers and they often had care from new or unfamiliar care staff.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. The service sent out questionnaires to people who used the service and also undertook telephone service quality checks to ascertain any concerns or issues.

Care plans within care files provided clear guidance to staff on the level of support required and were regularly reviewed. We found people who used the service had care plans in place with copies held at both the office and in their homes.

The majority of people we spoke with said they were happy with the service, however eight people we spoke with told us they would not recommend the service. This was because they felt there was a high turnover of staff and mismanagement of calls and rotas for staff.

From speaking to staff we found that the branch manager promoted an open and transparent culture amongst staff. Staff felt valued and supported in their role.

We found the service undertook a range of checks to monitor the quality service delivery. These included telephone service quality checks and unannounced 'spot checks,' where people were invited to comment on the quality of the service they received. However, the service was not able to effectively demonstrate that they had identified concerns associated with reported late calls and the issues around continuity of staff, which we identified during the inspection.

Summary of findings

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing and recruitment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. All the people we spoke with told us they felt safe when the care workers were in their home.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

When calls were significantly late, some people told us the office rang them to inform them, and others said this did not always happen and they had to ring the office on occasions to query late calls.

Requires improvement



Is the service effective?

We found the service was effective. People we spoke with told us they thought the care staff who supported them were well trained and competent to do their jobs.

Staff we spoke who confirmed they received training both at induction and then annually through refresher training.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative.

Good



Is the service caring?

We found the service was caring. People we spoke with thought care staff were kind, caring, patient and respectful.

People also told us that care staff respected their dignity and privacy, as did relatives we spoke with.

People could recall setting up their care plan and felt fully involved in determining their care needs.

Good



Is the service responsive?

Not all aspects of the service were responsive. A number of people who used the service told us they did not receive support from regular care workers and they often had care from new or unfamiliar care staff.

The service sent out questionnaires to people who used the service and also undertook telephone service quality checks to ascertain any concerns or issues. No-one we spoke with could recall hearing any feedback from the results or findings from the surveys.

Care plans provided clear guidance to staff on the level of support required and were regularly reviewed. We found people who used the service had care plans in place with copies held at both the office and in their homes.

Requires improvement



Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. Some people were not happy with the service they received, because they felt there was a high turnover of staff and mismanagement of calls and rotas for staff.

From speaking to staff we found that the branch manager promoted an open and transparent culture amongst staff. Staff felt valued and supported in their role.

We found the service undertook a range of checks to monitor the quality service delivery.

Requires improvement



CRG Homecare - Salford

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 13 October 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. We also contacted people via the phone on the 19 and 20 October to obtain their view of the services provided. The inspection was carried out by one adult social care inspector from the Care Quality Commission and an expert 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred.

At the time of our inspection there were 117 people living in the Bolton, Trafford and Rochdale areas who used the service. The service employed 30 members of staff, which included two field care supervisors, two coordinators, an apprentice and the branch manager. During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files.

We spent time visiting five people who used the service in their own homes to ask them and their relatives about the service they received and to review records kept at the home. In total we spoke to 26 people about the service, which included people who used the service or their relatives. 16 people were spoken to by our expert by experience via telephone interviews. We also spent time speaking to 10 members of staff, which included seven members of care staff, the branch manager, one field care supervisor and one coordinator.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when the care workers were in their home and felt that their possessions and property were safe. One person who used the service told us; “I do trust the carers, otherwise I wouldn’t have them in my house.” Another person who used the service said “I do feel safe with staff, some are fantastic.” Other comments from people who used the service included; “They all make us feel very safe.” “My relative is definitely safe with CRG, we have absolutely no concerns.”

We spoke with staff about safeguarding procedures during the inspection and what action they would take if they had any concerns. One member of staff told us; “I have experience of reporting abuse incidents in my previous employment. I would not hesitate to report any concerns here. I have confidence that managers would respond to any concerns I have, if they didn’t I would report matter directly to Police or social services.” Another member of staff said “With any safeguarding concerns, I would take the issues straight to my line manager. I have no concerns about reporting anything. I feel I can raise any issues without worries.”

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service Vulnerable Adults Safeguarding and Protection Policy and guidelines and saw how the service managed safeguarding concerns. We also looked at the service Whistle Blowing Policy. We found that all staff had completed training in safeguarding both at an induction level and subsequently, which we verified by looking at training records.

We found people were also protected against the risks of abuse, because the service had robust recruitment procedures in place. We reviewed a sample of five recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history, interview assessments and suitable means of identification. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service.

As part of the inspection, we looked at how the service managed risk. We looked at a sample of ten care files and found a range of risk assessments had been undertaken, which included a personal safety risk assessment, home risk assessment, moving and handling and medication. These risk assessments provided guidance to staff as to what action to take to address such risks and were regularly reviewed by the service.

People we spoke who were administered medication by staff told us their medication was administered or supervised on time and appropriately. We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure the service was safe. The service medication policy included guidance to staff on how to deal with medication errors. The policy emphasised the importance that an open culture existed within the service in order to encourage the immediate reporting of errors or incidents in the administration of medicines. We found that records supporting and evidencing the safe administration were complete and accurate in people’s homes.

Staff we spoke with confirmed they had received medication training, which were verified by looking at training records. Staff were also subject of unannounced spot checks to check their competency in delivering care, which included administration of medication. One member of staff told us; “I have just completed further medication training.” Another member of staff said “I have had medication training. We also have spot checks, because it maintains high standards and is a good way to manage staff.”

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. People we spoke with told us that calls were generally on time, but there were also late calls at times. Some people we spoke with told us that their regular care staff arrived on time or within a reasonable time, but calls from unfamiliar care staff were often late, for instance at weekends or when covering for sickness. Some people reported they had experienced the occasional significantly late call. When calls were significantly late, some people told us the office rang them to inform them, and others said this did not always happen and they had to ring the office

Is the service safe?

on occasions to query late calls. One relative said “My relative gets anxious when the carers are late, so it’s good when we do get a call from the office, but it doesn’t always happen.”

One person who used the service said “Staff are occasionally late as a result of things going wrong, but the out of hours service don’t communicate properly and are often rude. They started off very haphazardly, the area was new to them, call times were erratic, but things have improved.” Another person who used the service told us; “They are alright, but they are late quite often. They should have arrived at 10.30am, but didn’t get here until 12 o’clock one Saturday.”

Other comments from people who used the service included; “I would not recommend them as they are very poor at time keeping. I have to chase them up to find out when they are coming.” “They are often late. We had two people turn up sometimes. Staff have even turned up when I have cancelled the visit and that is more often than not.”

“Occasionally they will ring to let us know someone’s gone sick, but often we are not contacted. There has been the odd occasion when they haven’t turned up at all.” “I think scheduling of visits needs a lot more coordination.”

A relative told us that one Saturday their family member’s 8.45am call arrived at 10.30am. This relative said “The office did ring to say the call would be late, but not that late. And when the carer arrived they said they’d driven from a location, which is miles away. I really think they need to have a back-up plan, because weekends are always bad, when the regular carers are off. Some carers have to come by train or bus, then walk. It’s no wonder they can’t keep to time.”

We spoke to the branch manager about these concerns, who acknowledged they had experienced issues in one specific local authority area where services were provided, which they were currently addressing. In relation to the call monitoring system used by the service, they explained that the monitoring and ‘out of hours service’ was being transferred to the Salford office to ensure a more effective localised service, as a means of addressing these concerns.

Is the service effective?

Our findings

People we spoke with told us they thought the care staff who supported them were well trained and competent to do their jobs. We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found all new members of staff underwent an induction programme. The service was in the process of introducing the care certificate as part of the induction programme and for experienced staff, which identified standards that health and social care workers adhered to in their daily working lives. These standards included duty of care, work in a person centred way, privacy and dignity, safeguarding, basic life support and infection control and prevention.

Staff we spoke with confirmed they received training both at induction and then annually through refresher training. One member of new staff told us; “As part of my induction I had training in manual handling, safeguarding and things like that. It also included shadowing for two weeks. It was definitely enough to prepare me for the role.” Staff told us there was a rolling annual programme of training, which we verified by looking at training records. This training was managed by way of a training matrix. One member said “I’m awaiting my annual mandatory training, which is scheduled for next month and consists of refresher training. I’m also currently doing a National Vocational Qualification (NVO) at level two.” One team leader told us; “The main thing at the moment is the care certificate and all staff must be competent to pass. The certificate involves passing 15 tests to ensure they are competent in every aspect of care.”

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. We saw that the service managed supervision effectively by use of a computerised matrix, which utilised a traffic light system. One member of staff told us; “I get supervision with my care coordinator every few months. We have a meeting to discuss work and training.” Another member of staff said “I also have supervision every few months and discuss policies, how I’m doing, whether I need additional training. I feel I can raise any issues without any worries.”

The service also undertook unannounced ‘spot checks’ on staff to monitor the quality of care provided to people. Staff told us they thought ‘spot checks’ were an effective way of maintaining standards. One member of staff said “I get spot checks, which is a good idea as it makes sure you are doing your work correctly.” Another member of staff said “I have spot checks, which involves asking the client what they think of staff. It’s a good thing as it keeps up standards.” One person who used the service said “The senior ones come to check on the staff to make sure everything is alright.”

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Most staff had received training in the MCA, which we verified from checking the training matrix. We were told by branch manager that the remaining staff were awaiting training.

We found that before any care was provided, they service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people and from reviewing ten care files. One person who used the service told us; “They always seek my consent for whatever needs to be done.” Another person who used the service said “They always ask for consent before doing anything, like can I help you with your shower. Yes very good.”

People we spoke with told us they had been able to make some choices about their care, such as the times of calls, what to eat and how their personal care was delivered. One person who used the service said “I have a set number of jobs for the girls and they get through them in the order I want.” Another person who used the service told us; “The carers always ask me how I want my food cooked, because I’m a bit fussy.”

We looked at how the service supported people with their diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition. Some people had meals prepared by care workers and these people told us the meals were prepared well. One person raised concerns that care staff did not always check the use by date, when preparing food.

Is the service caring?

Our findings

People we spoke with thought care staff were kind, caring, patient and respectful. One person who used the service said “They are brilliant, very caring and kind.” Another person who used the service told us; “They are very caring and nice. They are very good to me.”

Other comments from people who used the service included; “Most are very kind and caring, some staff are inflexible and some better than others.” The girls are lovely and I couldn’t do without them.” “I do like the carers, even the ones that don’t stay in the job long.” “They are very patient with my relative. He needs a lot of time and patience and they give that to him.” “All of the carers I’ve met have been lovely people, just perfect.” “The carers are the only people I see all day, and they’re so kind to me.” “All of the carers are very kind, but some are fantastic, so caring.” “My relative really looks forward to the carers coming. He really likes them.” “I’m absolutely delighted with the carers. They couldn’t be nicer.”

People told us that they, or their family members were treated with respect and that staff were courteous. One relative said “My relative was a bit apprehensive about having such young carers, but they’ve all been cheerful, friendly and showed respect for his years.”

People also told us that care staff respected their or their family member’s dignity and privacy. One relative said “The care workers always hand my relative a towel quickly when he gets out of the shower, to protect his dignity.” Another relative told us: “The carers are very good at not making my relative feel awkward when they’re giving him a wash.” One person who used the service told us they were particularly pleased, because they felt anxious at times and the care workers knew this. They said “The carers always explain everything they’re going to do before they do it, to reassure me and that’s what I need, reassurance.” Another person

who used the service said “The carers are good at respecting my privacy. When I have a shower or use the toilet, they always wait outside and always make sure it is ok to come in.”

We also asked staff how they ensured they maintained people’s privacy and dignity. One member of staff told us; “When I support people, I always try to maintain their digit and privacy, such as leaving the room when toileting. I keep them covered up when washing them and I always tell them what needs to be done.” Other comments from staff included; “Making sure curtains are closed, respecting people’s choices and ensured they are covered up and private.” “If I’m giving them a wash I make sure they are covered up and everything is private.”

Some people told us the care workers helped to promote their independence. One person who used the service said “When I first came out of hospital I could hardly do a thing for myself, but over the weeks these girls have helped me do things again and now I can wash and dress myself.” Another person who used the service told us; “I can do a lot of things myself, I’m quite independent and the carers let me do what I can. I’m usually up and getting myself ready when they come.” Other comments included; “They are better than other services I have had at promoting my independence.” “The afternoon carers always support me to walk without a walking frame. They are very supportive and always encourage me to do things.”

People we spoke with could recall setting up their care plan and felt fully involved in determining their care needs. People could recall having care plan reviews and on the whole felt listened to by the service. One person who used the service told us they had care plan reviews every month. They said “I think it’s good that someone’s looking after me in that way, always checking up to see if I’m ok with the care.”

Is the service responsive?

Our findings

Some people we spoke with and their relatives felt that the care and support they received was not always responsive to their needs. A number of people who used the service told us they did not receive support from regular care workers and they often had care from new or unfamiliar care staff. One person who used the service told us; “You just get used to one set of carers and they leave and you have to get to know another set.” Another person who used the service said “Sometimes I don’t know who I’m going to get and at what time. It’s not satisfactory.”

Other comments from people included; “The carers who leave tell me it’s because of problems with pay and travelling. They just can’t keep the staff, it seems.” “The problem has got worse recently. A whole load of staff left in the summer and I’ve had different carers on and off since then.” “My relative has been really upset because the regular carers that he really liked, all left in May and June, and he’s not so happy with the new ones.” “I do like to see the same carers. It’s not the same when you meet so many new faces.” “I’ve had three different main carers in three months. I keep on having to explain how I like things done to so many different staff. It’s quite wearing, really.” “I seem to have different people all the time, which I don’t like.” “There is a large turn-around of staff, which is not conducive to good relationships. I think staff need more support from the office and can’t get it.”

The Branch Manager explained to us that the service used an electronic call monitoring system to monitor visits made by staff. When the staff arrived or left the address of a person who used the service, they called a number using the person’s phone having entered a five digit pin that was unique to the individual staff member. This resulted in a notification being sent to the monitoring system within the office, which logged staff in and out of the address. If the staff member had not logged on within 15 minutes of the designated call time, an alert was sent to the office, which prompted the office team to check with the staff member whether they were delayed or had missed the call. If staff were delayed the office would ring people awaiting the call to notify them of the delay. People who reported late or missed calls during our inspection also told us that they were not always contacted by the office to be informed of the delay.

We spoke to staff about the volume of calls they were allocated and whether this contributed to them being occasionally late. One member of staff told us; “It has improved notifying people that we are going to be late, but people get anxious if we are late. The office is much better at telling people we are going to be late than previously.” Another member of staff said “I’m only late if there are traffic problems, but I’m nearly always on time.” Other comments from staff included: “I’m not often late, traffic can be an issue at tea time, but I’m always there or thereabouts.” “As a walker I sometimes find I’m rushing, but I’m not normally late.”

We found the service had systems in place to routinely listen to people’s experience, concerns and complaints. Most people we spoke with knew how to make a complaint. Most people had not made a complaint. Those who had made a complaint felt their complaint was listened to and that action was taken to resolve the issue.

One person told us that the service was not always responsive to their concerns or requests. They said that to ensure that the service responded, they would send an email to office to ensure they received a formal message. They explained that this resulted in an email confirmation. However, they explained that on one occasion they received an email confirming the cancellation of a visit, but staff still turned up. They said “When you cancel, it should be cancelled as simply as that.” Another person who used the service also told us “They are trying their best, but not there yet.”

The service sent out questionnaires to people who used the service and also undertook telephone service quality checks to ascertain any concerns or issues. As part of the ‘spot checks’ undertaken to check the competency of staff, people were also directly spoken to about the quality of services they received and whether they had any concerns. No-one we spoke with could recall hearing any feedback from the results or findings from the surveys.

We looked at a sample of ten care files to understand how the service delivered personalised care that was responsive to people’s needs. Before people started using the service, a comprehensive personal needs and outcome assessment was undertaken, which covered areas perception of needs, accommodation and environment, health, communication, mental health and dietary requirements.

Is the service responsive?

Care plans provided clear guidance to staff on the level of support required and were regularly reviewed. We found people who used the service had care plans in place with copies held at both the head office and in their homes.

Is the service well-led?

Our findings

All of the people we spoke with told us the office staff had been friendly and approachable when they had spoken to them and had tried to be helpful. One relative felt the office staff were not specific enough when they were trying to help when care workers were late for a call. This relative said “They just say the carers are on their way, but they could still be a long way away.” The majority of people we spoke with said they were happy with the service, however eight people we spoke with told us they would not recommend the service. This was because they felt there was a high turnover of staff and mismanagement of calls and rotas for staff.

There was a registered manager in place. 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 staffing structure in place made sure there were clear lines of accountability and responsibility. The registered manager was not present during the inspection, however the branch manager was present throughout. The branch manager explained that it was the intention of the company that they would be registering as the manager in the near future.

From speaking to staff we found that the branch manager promoted an open and transparent culture amongst staff. Staff felt valued and supported in their role. One member of staff said “We have a new manager who is approachable and is learning the role of manager.” Another member of staff said “We have been working together better with coordinators to ensure the rotas are working effectively.” Other comments from staff included; “The new manager is very good, they are easy to talk to and will always sort things out for you.” “I feel I can be open and honest with

management. I have no concerns everybody is helpful and supportive.” “If I have any concerns, there is always somebody on the phone available for me.” “I’m happy working for the company. I keep my head down and get on with my job. Things have improved since the new manager started.”

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service. We found the service undertook a range of checks to monitor the quality service delivery. These included telephone service quality checks and unannounced ‘spot checks,’ where people were invited to comment on the quality of the service they received. This involved explaining the complaints procedure and asking people whether they knew how to make a complaint. People were also asked whether they were satisfied with their care package. Care file records were also checked to ensure they were up to date and reflected people’s current needs and that appropriate signatures had been obtained.

The service were not able to effectively demonstrate that they had identified concerns associated with reported late calls and the issues around continuity of staff, which we identified during the inspection. We spoke to the manager about these issues who acknowledged concerns specifically in one local authority area. They explained that the ‘out of hours’ service and ‘call monitoring’ had been relocated to the Salford Office to ensure a more effective response to late calls and that people who used the service would now be kept informed of any delays.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing and recruitment.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.