Castlerock Recruitment Group Ltd

CRG Homecare-Rotherham

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 19 and 20 January 2016 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was registered with the Commission in September 2015, but has been providing services within the Rotherham area since April 2015. This was the first inspection of the service under the new registration.

CRG Homecare is registered to provide personal care to people living in their own homes. At the time of our inspection the service was supporting people with a variety of care needs including older people and people living with dementia. Care and support was co-ordinated from the services office which is based on the outskirts of Rotherham.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At the time of our inspection there were approximately 110 people receiving support with their personal care. We spoke with eight people who used the service on the telephone, and gathered other people's experiences of using the agency through questionnaires. All the people we spoke with told us that overall they were happy with the service provided.

The provider had a policy in place to protect people from abuse. The policy included types of abuse, and how to recognise and report potential abuse. Staff we spoke with confirmed they had received training about protecting people from abuse and told us they would report anything of this nature immediately.

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. Care records we sampled identified people's needs, as well as any risks associated with their care. People told us staff were meeting their individual needs and delivering care as they preferred. We found staff were knowledgeable about the needs and preferences of the people they were supporting.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. This was to be followed by refresher training to update their knowledge and skills. Staff told us they felt very well supported by the management team.

We found the service employed sufficient staff to meet people's needs and were actively recruiting more staff to cover for staff absences and allow for the expansion of the agency.

Where people needed assistance taking their medication this was administered in a timely way by staff who

had been trained to carry out this role. People told us they had received their medicines appropriately and raised no concerns about how staff supported them to take their medication. We found the management team had checked to make sure medication records had been completed in line with company policy. However, action plans had not been put in place to highlight any shortfalls found and to plan for remedial action to be taken. The registered manager told us they would take immediate action to introduce a more robust medication audit.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes balancing autonomy and protection in relation to consent or refusal of care or treatment.

We found staff had received a structured induction and essential training at the beginning of their employment. This had been followed by more specialist training to enhance their knowledge and skills. Staff told us they felt well supported. We found they had received regular support sessions and spot checks to assess their capabilities and offer support. There was also a system in place for staff to receive an annual appraisal of their work performance once they had worked for the agency for a year.

The company had a complaints policy which was provided to each person at the start of their care package. We saw a system was in place to record the details and outcomes of concerns raised. Where concerns had been raised these had been investigated and addressed appropriately.

People had been consulted about their satisfaction in the service they received. The provider also had a system in place to check if staff had followed company polices. However, some aspects of the system had not been fully embedded, which meant areas for improvement could be missed. Therefore the registered manager was introducing a new monitoring form to capture this information.

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Is the service effective?

Good

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated people's capacity to make decisions had been considered and staff would act in their best interest if necessary.

Staff had completed a structured induction when they joined the agency and had access to a varied training programme that helped them meet the needs of the people they supported.

Where people required assistance preparing food, staff had received food hygiene training to help make sure food was prepared safely. People's nutritional needs had been assessed and taken into consideration.

Is the service caring?

Good

The service was caring.

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People using the service told us staff respected their opinion and delivered care in an inclusive, caring manner.

People received a good quality of care from staff who understood the level of support they needed and delivered care and support accordingly.

Is the service responsive?

Good

The service was responsive.

People using the service had been involved in planning their care. Care plans identified people's needs and were individualised to reflect their abilities and preferences.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Is the service well-led?

Good

The service was well led.

The provider had used surveys, telephone calls and review meetings to make sure people who used the agency were satisfied with the service provided. They also used meetings to consult with staff.

There were systems in place to assess if the agency was operating correctly and make sure staff were working to company policies. However, audits carried out at agency level had not been fully utilised and embedded.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

CRG Homecare-Rotherham

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 was planned to check whether the provider was 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.

The inspection included visits to the agency's office on 19 and 20 January 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. We also obtained the views of professionals such as service commissioners, and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion we had not requested the provider to complete a provider information return [PIR]. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were approximately 110 people using the service. We spoke with eight people who used the service on the telephone to gain their opinion of the service the agency provided. We sent questionnaires to 41people who used the service, and their relatives, 19 of which were returned. We also sent questionnaires to 23 staff, three of which were returned. We spoke with the registered manager and two care co-ordinators who were based at the office, as well as a senior care worker and three care workers on the telephone.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing seven people's care records, medication records, safeguarding concerns and complaints, five staff recruitment, training and support files, as well as policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with and those who completed questionnaires, said they felt staff supported them in a safe way. The registered manager told us staff were issued with an ID badge which they were expected to wear while on duty so people could verify who they were, and this was confirmed by the people we spoke with. The registered manager said these were renewed every year. We also saw people's personal information, including key codes, was well protected.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They described the arrangements in place for them to access people's homes while maintaining a good level of security.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. Records showed that when concerns had been reported the company had worked with the local authority and other professionals to address the concerns.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. We found they had received initial training in this subject during their induction period and periodic refresher training was planned. We saw there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at seven people's care files and found records were in place to monitor any specific areas where people were more at risk, such as how to move them safely and minimising the risk of falls. These explained what action staff needed to take to protect people and had been reviewed and updated periodically to reflect any changes in their needs. We also found environmental risk assessments had been completed to make sure any potential risks, such as poor lighting or the safety of electrical appliances staff had to use, were taken into consideration. This helped to ensure people's homes were safe for staff to work in.

A satisfactory recruitment and selection process was in place. Each staff file we sampled included an application form, evidence of a face to face interview taking place, and at least two written references, (one being from their previous employer). We also found staff had undertaken a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The registered manager told us all staff were required to complete a declaration every three months to confirm there had been no change in their DBS status. This helped the provider to monitor any changes.

Staff told us they felt there was enough staff employed to meet the needs of the people currently being

supported by the agency. The registered manager and the care co-ordinators told us the agency was also actively recruiting more staff to enable them to expand and cover staff leave. They said most staff were willing to work extra shifts were necessary to cover for holidays and sickness. One co-ordinator explained that as most staff worked only seven out of every fourteen days there was scope for them to pick up extra work. This was confirmed by the staff we spoke with. People who used the service confirmed they usually had the same care team on a regular basis. However, a few people who responded to our questionnaires, and in the provider's survey, indicated that this had not always happened in the past.

There was a structured staff disciplinary process in place. We saw that where necessary this had been followed and action taken to address any issues with staff behaviour or performance.

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medication we saw the assessment records outlined the medicines the person was taking and staffs role in supporting them to take them safely. Care files also contained information about the level of assistance staff provided.

Medication administration records [MAR] were used to record the medicines staff had either administered or prompted people to take. We found occasional gaps on two of the MAR we checked, where staff had not signed to say the person had taken their medication. We also found on two occasions medication entries had not been signed by the senior care worker completing the MAR sheet. The registered manager told us the MAR were checked when they were returned to the office and they were aware of the shortfalls. They described the action they had taken to address the shortfalls, which included initially reminding staff about completing records correctly. They said further discussions would take place with individual staff as part of staff supervision, if required. However, a formal audit tool was not in place to record the shortfalls found, what action was taken and timescales for addressing areas of concern. The registered manager told us they would introduce an audit tool as soon as possible. The following day they showed us an audit tool that would be used in future. This covered all the points we had discussed.

We asked the registered manager how medicines that were only taken as and when required [PRN] were recorded and administered. They told us under the council contract all medication had to be given from a monitored dose system and on a regular basis. However we saw some creams were provided on a PRN basis. We noted there were no PRN protocols in place to tell staff what the creams were for, when they should apply them, and how the effects would be monitored. We discussed the reasoning behind this additional recording with the registered manager who said they would consider further best practice guidance on the administration and recording of PRN medication.

The registered manager told us that care staff had undertaken medication training as part of their initial induction to the agency and refresher training was undertaken periodically. Staff comments and the training records we sampled evidenced that this had occurred.

Most people we spoke with said they managed their medication themselves or a relative assisted them. The people who did receive support from staff to take their medicines told us they felt staff administered them correctly and in a timely manner.

Good

Is the service effective?

Our findings

People's comments and the outcome of questionnaires demonstrated that people felt staff were competent in their roles and provided good care and support. They told us they were encouraged to stay as independent as possible, but support was given as and when needed. One person said, "They [care workers] are all very good." Another person commented, "They are good, new carers come with an experienced carer first until they get used to what they need to do." A third person told us, "All of them are okay."

People said they would feel comfortable discussing healthcare issues with staff as they arose. One person we spoke with described how their care worker had encouraged them to seek medical attention following a fall. They said when they had told them they did not want to call an ambulance or their GP, the care worker had supported them to call the medical advice line, which resulted in their relative taking them to hospital for an x-ray. They said they had been very grateful for the care workers kindness and efficiency. Staff we spoke with described how they would appropriately support someone if they felt they needed medical attention.

We found staff had received training to meet the needs of the people they supported. We saw they had undertaken a four day structured induction when they joined the agency. This included completing the company's mandatory training in topics such as the safe handling of people, service user values, dementia, nutrition, infection control and first aid. This was followed by the staff member shadowing an experienced care worker until they were assessed as being confident and competent in their role. Each staff member had also been given a copy of the staff handbook which provided them with further guidance.

The registered manager told us new staff had, or were to be enrolled to complete the Care Certificate. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The registered manager used a computerised training matrix to identify any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner.

ere was also a system in place to provide staff with regular support sessions and an annual appraisal of their work. Staff files, and comments, showed regular one to one support sessions had been provided. For example, we saw staff had received three monthly one to one support sessions, as well as spot checks at least four times a year. The latter involved a senior staff member observing the care worker provide care and support in people's homes and assessing if this was carried out correctly. If it was determined a staff member required additional support sessions, we saw these had been arranged. The registered manager told us annual appraisals were also to be carried out once staff had been employed for over a year. These are aimed at assessing the staff members work performance over the past year.

All the staff we spoke with felt they had received the correct level of training and support they needed for their job roles. Some staff told us they had also completed a nationally recognised qualification in care.

Training sessions undertaken included health and safety, moving people safely, infection control, dementia awareness, communication and catheter care.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS do not apply to people living in their own homes, but we checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We found policies and procedures on these subjects were in place and care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process. We saw care plans were signed to confirm the person receiving care agreed to the planned care.

Some people told us care workers were involved with food preparation, while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food hygiene and nutrition training as part of their induction to the agency. The registered manager said this training would be updated periodically.

Staff were able to describe the actions they would take should someone not be eating or drinking sufficient. This included monitoring and recording people's intake and reporting any concerns promptly to the management team and family members.

Good

Is the service caring?

Our findings

People we consulted, and the outcome of the provider's quality audit showed that the quality of care provided was good, and staff understood the level of support people needed. People told us staff were helpful, efficient and kind. They described how staff offered them choice and respected their dignity. One person said, "They are very tactful and discreet when helping me in the shower." Another person commented about how staff enabled them to be as independent as they could be adding, "They know I want to be independent so they respect that."

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to these plans. Care files contained detailed information about people's needs and preferences, so staff had clear guidance about what was important to people and how to support them. We saw visit notes were completed to outline the care and support provided, as well as the person's general wellbeing and any changes care staff had observed.

We saw the company promoted supporting the 'Dignity in Care Campaign' which aimed at raising awareness of dignity in care. We saw the topic was covered during staff induction training and they had been asked to sign a 'Dignity in Care Declaration'. This outlined the dignity aims of the company such as a zero tolerance of abuse, treating each person as an individual, and respecting people's right to privacy and choice.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. When we asked them how they knew what was important to the people they supported they said they read the care plans, which they felt provided good information. One care worker told us, "As well as reading the care plan and talking to other carers who had cared for the person I would ask the person how they wanted things doing or talk to their family."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. For example one staff member told us how they covered people up while washing them and closed curtains. Another care worker described how they helped people to the toilet, but asked them if they wanted them to wait outside. They added that they assured them they were only outside the door if they needed assistance. Staff also described how they maintained people's independence. One care worker told us, "If they [people being supported] can dress their top half, I encourage them to do that and just help where needed."

The registered manager and the care co-ordinators told us their aim was for every person using the service to be supported by a small team of care staff who knew them well. This meant that staff and people who used the service could build up relationships. We found where this had been arranged people felt it had worked very well.

Good

Is the service responsive?

Our findings

People we spoke with told us they were happy with the care provided and complimented the staff for the way they delivered care. They confirmed they had been involved in planning the care they received, this included reviews of their care package. One person told us, "They ask me how I want things doing. If they didn't I would tell them." Another person said at the beginning of their care package staff were coming much too early for them so they asked for their morning call to be changed. They added, "They changed it without any messing, so they come after 8am now which suits me."

The registered manager said an initial assessment of each person's needs was undertaken before their care package was commenced, and this along with the local authority's care assessment was used to draw up a care plan. They told us a senior member of staff visited the person in their home to discuss their needs and how they would like their care and support delivering. A handwritten care plan was then produced and scanned, with a copy being left with the person so staff had immediate access to their care requirements. The registered manager said that once the care plan had been typed up the hand written plan was replaced and the person was asked to sign it again to show they agreed with the planned care. All the people we spoke with confirmed a full assessment of their needs had been carried out prior to them receiving care.

The care files we sampled contained individualised information about the areas the person needed support with, and how they wanted their care delivering. We also saw records were in place to monitor any specific areas where people were more at risk, and told staff what action they needed to take to protect people. The registered manager said care reviews took place at least quarterly for the first 12 months the care package was in place, then annually after that, unless the person's needs changed. People confirmed their care plans had periodically been reviewed and they had been involved in this process. We also saw evidence of this in the files we checked. Staff we spoke with said they felt the care plans provided enough information to enable them to meet people's needs and preferences.

We saw care workers completed a note about the care and support they had delivered after each visit, and the people we spoke with confirmed this. The ones sampled provided detailed information about the care given at each visit and any changes in the person's general wellbeing.

The company had a complaints procedure which was included in the information given to people at the start of their care package. We saw a system was in place to record any complaints or concerns received. This included the details of the concern, actions taken and the outcome. We found eight concerns had been raised since April 2015, either directly with the agency or through

People told us they had no complaints, but would feel comfortable raising concerns with their care worker or the management team. One person said, "I have no cause to complain". Another person told us, "There has been the odd thing I have told them about such as a new carer not being up to par, but they have sorted things out for me."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. They took day to day responsibility for the running of the agency. The service was registered with the Commission in September 2015, but has been providing services within the Rotherham area since April 2015 from another location.

People consulted were generally complimentary about CRG Homecare and said that they would recommend the service to other people. One person told us, "It's all okay, very good." Another person said, "I am happy with the service." A third person commented, "I am quite satisfied thank you." I am happy with the care and the carers."

When we asked people if there was anything the agency could do better most people could not think of anything they would like to change. However, one person said they would like to be told which care worker would be visiting when there were changes to their normal care team. This was also highlighted in a few of the returned questionnaires

We saw the provider had used questionnaires, phone calls, social spot checks and care review meetings to gain people's views about how the service was operating. This was confirmed by people who used the service and the staff we spoke with. The registered manager told us information gathered was used to monitor how the agency was operating and to evaluate staffs performance.

We saw two surveys had been undertaken in the previous nine months. In the main people's answers indicated they were happy with the service they had received. There were a few comments about how the service could be improved. One person had highlighted that they had not been consulted about their care workers changing. The registered manager and the local council told us letters had been sent out to most people, but the registered manager said they had found approximately three people had been missed. They had apologised for the omission.

The registered manager told us they had checked each returned questionnaire and if a response was needed this had been done on an individual basis. We found the results of the first survey had not been summarised and shared with people so they were unaware of the outcome. However, the registered manager told us the last survey conducted in December 2015 was being summarised and the outcome would be shared with people.

The provider had gained staff feedback through staff meetings and one to one support meetings. Staff told us they could raise any concerns with the management team and felt they would be listened to. They were complimentary about the registered manager and the co-ordinators, who they said were approachable, fair and helpful. One care worker also said there was always one of the management team on call out of hours. They added, "It means there is always someone there for support if you need it."

When we asked staff if there was anything they felt the service could improve they said they enjoyed working

for the agency and were happy with how it operated. Most staff said there was nothing they felt could be improved. One staff member commented, "We just need to keep going and getting better."

There was a clear staff structure so each member of staff knew their roles and responsibilities. The agency's office was staffed by the registered manager and two care co-ordinators, who were responsible for areas such as recruitment, organising rotas and the day to day running of the agency. During our visits we saw the management team handling calls and organising staff rotas in a professional, but friendly manner. The office team were backed up by two field supervisors who worked out in the community. Their responsibilities included completing care plans and monitoring staffs performance.

We saw the company head office had carried out an audit to make sure the service was operating to expected standards. However, as the agency had not been operating for very long at that time certain topics had not been assessed. Where areas for improvement had been highlighted we saw an action plan had been put in place to address them. The registered manager told us how they had taken action to meet the recommendations made.

We saw that two topics not assessed included log books used to record the details of each visit made by care workers and medication records. The registered manager told us they audited these records every three months when the books were returned to the office, and we saw some evidence of this taking place in the files we checked. However, no actions plans had been put in place to record any shortfalls found and any actions taken to rectify the areas needing improving. Following our visits to the office the registered manager produced a spreadsheet to record the outcomes of their internal audits.

The registered manager told us the company had a quality group which wrote company policies and that they were a quality ambassador. They said this meant they had an input into policies and proposed changes within the company. This enabled them to assess if proposed changes would improve the service provided and to ensure policies were 'staff friendly'.