

Health Care Resourcing Group Limited

CRG Homecare - Leicestershire

Inspection report

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09 September 2019

10 September 2019

12 September 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

CRG Homecare - Leicester is a domiciliary care agency. It provides personal care and support to older and younger people living in their own homes. At the time of inspection 170 people were receiving personal care from the service.

People's experience of using this service:

People told us they were not always happy with care they received. People felt that whilst some regular staff were of good quality, they often had visits from staff they did not know, and agency staff who did not know how to care for them.

People told us they were not regularly informed about which staff would be visiting them.

People told us that call timings were a problem. Many people said that staff were either significantly early or late, and they could not rely upon their care being delivered at a specified time, thus providing an inconvenience to them.

People were treated with kindness and respect by the staff that were known to them, however some people felt uncomfortable with staff they did not know.

Staff training took place, but there were gaps including a significant amount of staff whose moving and handling training had expired.

People mostly received the support they required with food and drink, although staff did not always accurately record people's food and fluid intake when required.

Staff visits were not always effectively monitored.

The assessment of risk had improved. Risk assessments were in place to manage risks within people's lives, and people we spoke with were happy with them.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Improvements had been made to medicine administration systems, including the application of topical medicine.

Staff were supervised well and felt confident in their roles.

Healthcare needs were met, and people had access to health professionals as required.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

People were supported in the least restrictive way possible.

Care plans contained person centred information and reflected people likes, dislikes and preferences.

People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The management team were open and honest, and had been working in partnership with outside agencies to improve people's support.

Audits of the service were detailed and any issues found were usually addressed promptly.

Rating at last inspection and update: The last rating for this service was requires improvement (published 10 October 2018) and there was a breach of regulation. The provider completed an action plan after the last

inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in several areas and the provider was no longer in breach of this regulation. However, we found that other improvements were still required throughout the service, and new breaches of regulation had occurred. The rating remains requires improvement.

This service has been rated requires improvement for the last three consecutive inspections, and is therefore in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement 

CRG Homecare - Leicestershire

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience.

Service and service type:

CRG Homecare – Leicester, is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides a service to a range of adults. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission, however they had recently left their post and would be de-registering with CQC. The provider told us they would be recruiting for a new registered manager. The registered manager 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:

The inspection was un-announced. The inspection started on the 09 September 2019 by visiting the office location to meet with the management staff and review records. On 10 and 12 September 2019 we made telephone calls to people using the service and staff.

What we did:

We reviewed information we had received about the service such as statutory notifications about events the provider must notify us about. 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.

During our inspection we spoke with eighteen people using the service, two relatives of people using the service five care staff, the regional manager, a staff member who monitored and scheduled people's care visits, and the director. We reviewed the care records for seven people using the service, and other records relating to the management oversight of the service. These included five staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

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 requires improvement. At this inspection this key question has now improved good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving support from staff.
- The provider had safeguarding systems and processes in place to protect people from the risk of abuse.
- Staff were trained in safeguarding procedures and demonstrated they understood potential signs and symptoms that may indicate abuse. Staff told us they would report and document concerns and were confident these would be listened to and action taken to keep people safe.

Assessing risk, safety monitoring and management

- Improvements had been made in this area. Staff understood where people required support to reduce the risk of avoidable harm. Care plans and risk assessments contained explanations of the control measures for staff to follow to keep people safe. People we spoke with were happy that the assessments in place reflected their needs accurately.
- Risk assessments we looked at were reviewed and updated as required to reflect people's current needs and wishes.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- People told us that although there were enough staff working across the service to make the calls, many of them were non-permanent staff hired in from an agency, and this had an effect on the quality of the care.

Using medicines safely

- Improvements in medicines administration had been made. Medicines were administered by staff that were trained to do so. Medication administration records in use were accurate, and regularly checked for any mistakes. This included the administration of topical medicines.
- People we spoke with were happy that they received their medicine on time, and as they wanted.

Preventing and controlling infection

- People told us that staff followed infection control procedures.
- Staff told us, and records showed they received infection control training.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

Learning lessons when things go wrong

- The provider had been working on improvement plans for the service after previous failings. This included a staff re-structure to include better quality auditing, checks and organisation. We saw that systems had begun to be implemented to demonstrate where improvements were required, and how some areas were improving.
- Whilst some improvements were made, the provider understood where other issues remained, and was continuing to work on these areas.

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 requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was mostly in place, although we found that around half of the staff team had not updated their moving and handling training, which had expired. The provider had in house training in this subject, and by their own standards, required re-training once a year. The provider told us that people would be booked on to refresher training as soon as possible.
- Staff told us they were happy with the quality of training made available to them, and were confident in their roles. This included induction training when they first started their employment with the service.
- Staff told us they received regular supervision from senior staff, which included one to one meetings, and spot checks. Staff felt they could contact senior staff for support if they required it.

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

- People received the support they required with food and drink, although staff did not always accurately record people's food and fluid intake when required. One person had been assessed as requiring food and fluid monitoring, and care plans prompted staff to complete this task. Records we saw did not show that staff accurately monitored the amounts of food and fluid that was consumed, or the target amounts they should be having. Management staff were not sure of their responsibilities in this area, and care plans and assessments had conflicting information regarding staff processes. The director told us they would be looking in to this issue to clarify immediately.
- Other people told us they received adequate support in this area. One person said, "They [staff] make me something and leave it on the trolley so I can keep it till I'm ready. It's usually something easy like a sandwich."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Management staff conducted assessments of people's needs before they began using the service.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.

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

- The service worked and communicated with other agencies and staff to enable effective care and support. This included health and social care professionals that were involved in people's care. We saw that all

required health and medical information about any medical care they might require, was kept in people's files.

- One person told us, "They [staff] recognise if I've got a water infection. They will say to me, 'you're not well are you.' Staff have had to call an ambulance in the past. They were very good and got all my stuff ready for me. I'm prone to chest infections and pneumonia. Staff recognise signs."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of supporting people to make choices, and people confirmed the staff always asked their consent before providing their care. One person told us, "They always check with me what I want doing. Its' me who chooses."

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 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 they usually felt well cared for, although the quality of care changed when unfamiliar or agency staff attended their calls. One person said, "The regular ones [staff] are caring for sure. I know when someone is caring and when they're just doing a job."
- People had positive comments about the staff they saw regularly and knew well. One person said, "They always ask me how I am as soon as they get here. They say, How are you' in the mornings. At tea time [staff name] always asks me if I've had a good day." One relative told us "Staff a have a friendly approach. They're considerate. When it's a new staff member they ask me if there are any conditions they should know about. I do wish they were more regular though."

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

- People and family members we spoke with generally felt that care was led by them, and that staff involved them in decisions about their care. One relative told us, "Staff always ask [name] what they want. I feel like I have a safety net when they are with [name] too."
- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives or representatives.
- Care plans we looked at had involved people receiving care and their families as required.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives felt that staff were respectful of their privacy and dignity. One person said, "Staff don't come in with wet or dirty shoes, they always take them off if they're dirty. They treat my home well."
- All the staff we spoke with were aware of the need to make sure people's privacy was respected when personal care was being carried out.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 now deteriorated to requires improvement.

Requires improvement: This meant people's needs were not always met.

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

- People did not feel their care was always personalised to them, due to the inconsistencies in staffing. One person said, "I'm fed up trying to get it all sorted. I never know when they're coming or who it will be." Another person said, "With my regular carers, yes I do [receive good care] but with the agency ones, no, I don't know them, they're in such a rush. Some rush in and rush out, it's horrible." One relative of a person said, "It's very confusing for [name]. I love having the help, but for [name] it's too much when it's different staff all the time. We never know who is coming.'
- People told us they felt rushed by staff that didn't know them, and could not always receive care the way they wanted. One person said, "I can feel their [staff] frustration when I can't dress quick enough for them. It's important to me that I do as much as I can myself. I think they prefer to do it all themselves so it's quicker." Another person said, "They're [staff] meant to help me get dressed and have a shower. I don't want to be sitting in my dressing gown all morning, it's not fair. Every time someone comes in, it's someone different. I have to tell them then to do this or do that. It makes me feel very bossy. There is no way I can get to know them. They certainly don't know me. I find it all very upsetting." Another person said, "It's the agency staff that rush me. They treat me like a machine and rush off again."
- People did tell us that staff known to them were of good quality, and provided good care in the way they wanted, however, many people explained their frustrations with staff consistency and timings, and felt the use of temporarily employed agency staff was the cause of care that was not personalised or consistent for them.

This was a breach of Regulation 9 (Person centred care), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- We saw examples of documentation within people's files that was in pictorial and large print form, to enable a better understanding for them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. Most people felt confident that their concerns would be listened to, although some people felt their concerns about staffing inconsistency were not being acted upon. Most people we spoke with said they had not had to make any formal complaints but were comfortable to do so if needed.
- A complaints policy and procedure was in place, but no recent complaints had been made.

End of life care and support

- No current end of life care was being delivered. The management staff understood what would be required to provide end of life care, and staff had been trained in this area.

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- This service has been rated requires improvement for the last three consecutive inspections. At our inspection in September 2017, July 2018, and this inspection in September 2019, the rating has been requires improvement. This means the provider has failed to take appropriate and timely action to improve the quality of the service to raise the overall rating to 'Good'.
- Several people we spoke with were not happy with the service they received, and perceived the service to be poorly managed. One person told us, "There is no point talking to them. No-one listens, nothing changes. It's very annoying." Another person said, "It simply doesn't change. They [office staff] say sorry when they're on the phone to you. It never alters though." Another person said, "Their attitude seems to be about making it work for them and not the client. They could notify you if they're not coming, or when they are coming. Having a weekly time would help. Like today, it's 11:00am now and I've no idea when they are coming. I should probably ring and tell them more but I don't think it would make any difference."
- Staff call times were monitored by an electronic system, and failure's in punctuality could be identified. The service had a policy which stated management should be analysing this data and taking action on a weekly basis. We saw that at times the system was used effectively and action was taken to address staff punctuality, but there had not been any checks or actions taken for several weeks.

This was a breach of Regulation 17 (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had made some improvements since our last inspection. The management and office team had been re-structured in an effort to make improvements, and systems and tools had been put in place to demonstrate where improvements were happening, for example, with medicines administration and auditing of certain areas of the service.
- The director and management staff we spoke with were open and honest about the service and the areas that required improvement. The director told us that recruitment of staff was an ongoing issue, and this meant that agency staff use was high, and the quality of care was being affected.

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 management team maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The management team understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the management sent us notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff we spoke with acknowledged that changes in management and challenges with recruitment had led to inconsistencies. Most staff we spoke with felt that the service as a whole was improving. One staff member said, "It has been difficult, but I'd say management were heading in the right direction, and that things are getting better. Communication needs to be better though." Another staff member said, "The office staff have actually been very supportive of me and my personal situation. I think we have a good team."
- All the staff we spoke with understood their responsibilities and the management staff were aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

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

- People had opportunities to share their views about the service informally, directly with the staff or the management. Most people told us they were happy to contact the office staff if they needed to. We saw that feedback had been sought from people via surveys and telephone quality checks.
- Staff were supported to share their views about people's care individually and in staff meetings. We saw staff meeting minutes where discussions were had on training, improvements required with recording, and general communication.

Working in partnership with others

- The service was open to working with outside agencies to improve care. The management team had been working closely with the local authority for some time, to make improvements within the service.
- When required, the service worked in partnership with other health and social care professionals involved in people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People told us they were not always happy with care they received. People felt that whilst some regular staff were of good quality, they often had visits from staff they did not know, and agency staff members who did not know how to care for them. People told us they were not regularly informed about which staff would be visiting them. People told us that call timings were a problem. Many people said that staff were either significantly early or late, and they could not rely upon their care being delivered at a specified time, thus providing an inconvenience to them.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This service has been rated requires improvement for the last three consecutive inspections, and has failed to implement sufficient improvements to raise the rating to 'Good'.</p>