

Castlerock Recruitment Group Ltd

CRG Homecare - Stoke

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

We inspected this service on 7 September 2016. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration at this office on the 28 June 2015. There were 90 people in receipt of personal care support at the time of this inspection visit.

The service had a registered manager in post. 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 oversaw the running of the full service and was supported by two care coordinators, two care field supervisors and a care needs assessor.

People received their calls as agreed because there was enough staff available to them. The staff were knowledgeable about the support people needed to enable it to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. The provider had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people. Medicines were managed safely and people were supported to take their medicine when needed. Equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence.

Staff were provided with training to develop their skills and enable them to support the people they worked with. Staff felt supported by the management team and received supervision to monitor their conduct and support their professional development. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. When people were unable to consent this was clearly recorded and decisions were made in their best interests with the involvement of their family and friends.

The delivery of care was tailored to meet people's individual needs and preferences. People's needs were assessed and care plans were developed with people, which directed staff on how to support them in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to access healthcare services.

People knew how to complain and we saw when complaints were made these were responded to in line with the policy. Staff felt listened to and were happy to raise concerns. People knew who the manager was and felt the service was well managed. The provider sought the opinions from people who used the service to bring about changes.

Quality monitoring checks were completed by the provider and manager and when needed action was taken to make improvements. The registered manager understood their responsibilities around registration

with us.

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.

Staff understood how to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines and there were sufficient staff to support people. Recruitment procedures were thorough to ensure the staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff had clear guidance on how to support people in their best interests when they were unable to make decisions independently. People were supported by staff that were skilled, confident and equipped to fulfil their role, because they received the right training and support. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a caring way and encouraged them to maintain their independence. People were treated with respect and their dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

The support people received was tailored to meet their needs and preferences. The provider's complaints policy and procedure was accessible to people and they were supported to raise any

concerns.

Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to drive improvements. The staff were given guidance and support by the management team and understood their roles and responsibilities. Systems were in place to monitor the quality of the service provided

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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 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 visit took place on 7 September 2016 and was announced. The provider was given four days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people and their relatives as part of this inspection. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with 10 people who used the service and another eight people's relatives by telephone. We spoke with four members of care staff, the registered manager, two care coordinators, the care needs assessor and the area manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "Oh yes I do feel safe, I can tell when I'm with someone if I can trust them, and they're all good." Another person told us, "I do feel safe, I know them all and I've got used to them." Relatives told us they were confident that their family member was supported in a safe way. One relative said, "The company is fairly new to us, my first impressions are very good. I've been there a few times when the carer's have been present. The carers all use the key safe, it's all working ok. We would know straight away if something wasn't right." Another relative told us, "Nothing has concerned me, no problems at all."

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "The reason I came into this job is because I want to make sure people get good care, if I thought for one minute someone was being mistreated I would report it the office, the manager is very good and would follow it up and report it to the local authority." Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "I had safeguarding training at my induction which also covered whistleblowing and there is an annual refresher course." Whistle blowing is the process for staff to raise concerns about poor practices. Another member of staff told us, "We do have information on reporting externally but I don't think we would need to, the manager is professional, very confidential. Even if you had to whistle blow I am confident the manager would investigate." We saw that an area of the office was dedicated to providing information to staff; this was known as carers' corner and provided staff with a variety of information, including information on the signs of abuse and the local authority contact numbers.

The staff ensured people's safety was maintained when they supported them. One person told us, "I feel extremely safe, when I have my shower they have to put a sling on me and lift me into a chair for a shower, there's always two to operate the hoist." We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people. Such as on the equipment needed to support people to move safely. A member of staff told us about the changes in one person's mobility and said, "They need a hoist now with two staff for all transfers." We looked at records for this person and the information matched what the staff member had told us. We saw that checks were carried out on equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage risks to people.

Environmental risks assessments were undertaken within people's homes. We saw that staff had undertaken the 'Olive branch' training to help them identify fire hazards within people's homes. The Olive branch is a project with Staffordshire Fire & Rescue Service to identify potential fire hazards and other risks in the home. This project enables staff to refer people onto Staffordshire Fire & Rescue Service for a free home fire risk check.

The staff ensured people's safety was maintained before they left them. Support plans instructed staff to

ensure that life lines were on and accessible for people so they could summon help in an emergency situation. People confirmed that this was done. One person told us, "The carers always ask me before they go 'are you wearing your lifeline?' which is a good thing."

We saw that the support provided was dependent on the level of support each person required. All of the people we spoke with and their relatives confirmed staff were available to support them as agreed and told us that staff arrived on time for their visit. One person told us, "The staff are always on time apart from a minute or two. I feel very supported; this is the best care agency I've had." Another person told us, "If they're delayed it's inevitable, they keep the time very well, they stay for the time and do what's necessary." A relative said, "They stay long enough, they're doing what they've been asked to do so I'm very happy."

People confirmed that if staff were running late they were contacted. For example one person told us, "The office rang me when they were running ten minutes late." Another person said, "Yesterday morning a carer phoned me to tell me a different person was coming instead of her, as they couldn't leave a person because they were unwell."

People and their relatives confirmed that their support was provided by a consistent staff team which they preferred. One person told us, "I see them every single day, it's the same carer all day. I have a different carer when my regular carer is off but I've got to know them really well." Another person said, "I have regular carers, they are very nice, I know them all and I've known them for a good while." A person's relative told us, "We have the same carers for the tea time and evening calls, and I think there are two carers that cover the days, which is good because my relative can remember their names." Staff told us that they supported the same people on a regular basis. One member of staff told us, "I have my regular people that I support which is nice as we get to know each other well."

An on call system was available for staff. A member of staff said "We can ring the on call if we need any advice or support." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person told us, "I can always get in touch with them at the office, generally I'll text but I've got numbers and emails as well." A relative said, "I've spoken to them on the phone, they've been good".

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. We saw that all the required documentation was in place.

We saw a system was in place to support people to take their medicines and this was monitored by the management team. People told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "My medication has to be crushed, the doctor told me they have to be crushed, the carers do it fine, they have them ready for me, they put them in yoghurt and watch me until I've eaten it." Another person said, "The carers give them (medicines) to me each morning and I take them with a drink, they always stay with me. They have a page for recording my medications and a friend re-orders them, the carers tell me when it's getting low." Another person told us, "They always ask me if I've taken my medicines, they do ask but I take them myself." A relative told us, "The carers give my relative their tablets every day, they give them to them in a plastic cup with a cup of tea, I've never found any lying around that they haven't taken, they put cream on their legs every day before they put their socks on." Another relative said, "The carer presents the blister pack to my relative, assists them to open it and waits until they have taken their medication, I'm very pleased with that. They apply creams at every call."

Information in people's care plans included their preference for how they took their medicine. We saw that assessments were completed of the level of support the person needed to take their medicine so that staff could support the person according to their needs. This ranged from support with ordering medicines, to prompting people or directly assisting them to take their medicine.

Staff told us they had undertaken medicine training and records confirmed this. For those people who required support a medicines administration record was kept in the person's home. These records were then sent to the office for the management team to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "Everyone who has come to me, they've done what is needed and they've all done it in a nice way and we have a little chat." Another person said, "The carers are good at what they do."

Relatives told us that staff were professional in carrying out their duties. One relative said, "From what I've seen the carers are acceptable, they certainly make my relative happy, which is the most important thing." Another said, "The carers are very sensible, they're ever so nice, caring, they're just really nice people."

Staff told us they received the training they needed to support people. One member of staff told us, "There is always training on, everything is updated annually and if we need any specific training to support a person we get it." Staff told us their induction enabled them to meet the needs of people they supported. They told us the induction included attending training, shadowing experienced staff and reading care plans. One member of staff told us about their induction and said, "It was very thorough, it covered all 15 standards of the care certificate." The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours, to enable them to provide people with safe, effective, compassionate and high quality care. Another member of staff said, "When I started going out on calls I wasn't alone at first, I worked with more experienced staff to get to know people and that was helpful."

People were cared for by staff that were supported. All of the staff we spoke with told us the support they received from the management team was good. Comments included, "It's fantastic, I have never felt so supported before." And, "The support is brilliant." And, "I love it here; there is lots of support, in fact masses, its ace." Staff told us they received supervision on a regular basis and told us this included observational supervision as well as one to one meetings. The staff files we saw had evidence that staff received supervision every three months and had an annual appraisal to identify their future training and development needs.

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 people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The training records showed that staff had undertaken training in relation to the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff told us they obtained people's consent before they supported them.

People confirmed that staff explained what that were doing and sought their consent before they provided them with personal care. One person said, "The carers do explain and ask 'do you want any help,' they do listen." Another person told us, "Yes they explain, make sure I'm happy, ask if there's anything else they can do."

The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. We saw that where people were unable to make decisions independently, they were made in their best interests. These were made with the involvement of the person's family and friends who knew them well. For example we saw that one person had very detailed plans for staff to follow on how to support them at each visit throughout the day. This information had been provided by their family to ensure the care and support they received met their needs and preferences. One member of staff told us, "We know exactly how this person likes things done because we work very closely with their family."

Some people we spoke with were supported with meals and told us they were happy with how this was done. One person said, "The carers prepare my lunch, cook it from scratch, they ask me if I want anything hot for my tea, I have a good appetite." Another person said, "The carers get my breakfast, they'll do an egg on toast for my lunch, make sandwiches for my tea later, I can't eat a lot due to a recent operation."

Relatives told us that the staff supported and encouraged their relations to maintain good hydration. One relative said, "The carers always leave my relative a drink on their trolley, one cold drink and a cup of tea, they are a devil for not drinking and that's why the carers do it." Another relative told us, "Before they go they make sure my relative has got a drink available."

Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that where people had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's family or seek professional guidance as needed.

People confirmed that staff noticed if they were unwell and sought medical help as appropriate. One person said, "The carer rang the surgery for me to see if I could have a visit." Another person said, "The carer phoned one morning for the doctor to come out, she explained and made sure they agreed to come out, and phoned my relative to let them know." Relatives also confirmed this. One relative told us, "The carers would call a doctor, the details are in my relative's folder, the carers are aware of who to contact." People's health needs were identified in their care plans and daily records demonstrated that staff monitored this to ensure that appropriate medical intervention could be sought as needed.

Is the service caring?

Our findings

All of the people we spoke to said that they received a good quality, reliable service from staff that were professional and dedicated to their role. One person told us, "They shout up to me when they arrive, then I know who it is, they're always very polite." Another person told us, "There are very caring and professional."

People confirmed the staff were caring towards them. One person told us, "The carers always take an interest in my knitting." Another person said, "If I need anything, like magazines they'll get it for me." Another person told us, "I feel as if I've been friends with them for years; I feel at home with them, I really do." A relative said, "They do tend to sit down with my relative for the last five or ten minutes to have a chat."

People told us that staff supported and encouraged them to maintain their independence. One person said, "The carers help me with dressing but I more or less manage, but when I'm stuck they come to me, letting me manage myself as long as I can." Another person said, "They help me to manage, I like to feed myself, because the carers prepare my food I can manage everything else." A relative told us, "My relative washes themselves now a bit, they never used to do that, they do more for themselves now than they used to."

People told us that staff supported them to main their dignity and privacy. One person said, "I don't feel embarrassed with my carers, they cover me up." A relative told us, "When I've been there they take my relative away when they're doing personal care."

Some people confirmed they were asked about their preference in staff gender for personal care support. One person told us, "I was asked if I prefer a male or female carer, I don't mind any really." Another person said, "I can't remember being asked, they're all definitely nice and the men who come as well." One person confirmed that their relative did not receive personal care from male staff. They told us, "From the outset we said no male carers because of their personal care needs, I told them as a matter of course when we were setting it up." Although the care plans we looked at demonstrated that people were asked about their preference in staff gender, some people told us they had not been asked and confirmed they preferred a female carer to support them with their personal care needs. We fed this back to the registered manager who said they would consult people again regarding this, to ensure they received personal care from their preferred gender of staff.

Is the service responsive?

Our findings

Staff supported people with a variety of tasks, from personal care support, preparing meals, taking their medicine and domestic chores. Everyone had a group of regular staff who they knew well. They told us that their carers understood their needs and were capable of delivering the service that they required in their preferred way. One person said, ""Oh yes it's my choice, they ask if that's what I want, they're very good." Another person told us, "If I want them to do something different I let them know, they're polite and helpful, very helpful. I'm pleased with them." A relative told us, "The carers do listen and give them choice. My relative didn't want to get washed or dressed and I remember suggesting how to approach it and now that's the way that they do it. They asked for my feedback and how to do it and it worked."

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "Someone comes for a review, they came last week and will be coming in so many months' time, the review went well." Another person said, "Someone is coming next week to see me and have a chat, they phoned me this morning to see if I'm happy with what they're doing for me." A relative told us, "We have had review of care, they come round every so many months and the same lady's been two or three times." People had signed copies of their support plan documentation to demonstrate their agreement.

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "We all work well together and get lots of communication from the management team about any changes." People and their relatives confirmed there was good communication from the agency. One person said, "I think they're fine, they do listen, I look forward to them coming, they're very nice. One relative told us, "They all seem to be good communicators, I would recommend them."

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I know the phone number, I would tell the carer whilst she was with me if I needed them to tell the office." Another person said, "I do ring the office, nothing serious. They would always sort anything out, but I have no problems at all, I'm extremely happy with them." A relative said, "I would contact the office manager, it's close enough for me to go up there." A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw complaints received were recorded including the actions taken and outcome.

Is the service well-led?

Our findings

People and their relatives told us that they felt the service was managed well. One person said, "I think it's very good, well managed." Another person said, "I would recommend them to anyone in the same situation as me, it's very nice when you've got nice people helping you." A relative told us, "We've had the boss here; he's come and helped my relative himself. He's really nice, has a really caring way with him, he listened." People and their relatives confirmed that someone was available at the office base to speak with them when needed. One person told us, "There is always someone available, I usually text and get a reply."

The staff spoke highly of the support they received from the manager and members of the management team. One member of staff told us, "The manager is very supportive. I feel he and everyone in the office is really approachable and caring. When I needed to change the hours I worked the manager was really supportive." Another member of staff told us, "I think the support and communication to staff is fantastic. It is very organised and well led." We saw that the manager communicated well with the staff team. For example any issues identified by the manager and management team were fed back to staff. We saw email communications sent out to the staff regarding compliance about sickness, the importance of call times being adhered to and any changes to a person's call time. Team meetings were provided and staff told us that if they were unable to attend minutes were available to them.

An ethos of team work was created by the provider and the manager to support local community projects. For example the staff team had completed a food bank project by donating food in their local area.

Each member of staff had been issued with a smart phone that enabled them to check their rotas and messages from the management team. One member of staff told us, "The rotas are live, so I know I have up to date information. If any of my calls change I am informed as well." One of the care coordinators told us about the system in place to monitor staff calls. "The staff have to log in and out of each call and we monitor this. If someone doesn't turn up for a call at the agreed time the system flags this up and we contact them to see what's happened. We can then contact the person to let them know about the delay." We saw a record was kept of calls when staff were running late and the reason why.

The provider had measures in place to monitor the quality of the service and drive improvement. This included audits of care plans, risk assessments and communication log books. Audits were undertaken of completed medicine records to enable the management team to identify any errors and address these. We saw evidence to show that the management team undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and the support they provided.

Audits were also undertaken regarding staff training and support. We saw that where improvements had been identified actions had been taken. For example an audit had identified that training in safeguarding was needed and that staff files required updating and we saw that this had been done. The manager confirmed that an annual audit was also undertaken by the provider's quality assurance team and any actions fed back to the manager to address.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People were encouraged to express their views through a range of methods. This included consultations with people on a three monthly basis through individual meetings and by telephone and through annual satisfaction surveys. One person told us, "They do telephone me to ask if I'm satisfied, if there's anything I disagree with, that's mainly what they ask. I'm quite happy with the service; I can't say there could be any improvements needed."

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.