

# Health Care Resourcing Group Limited

## CRG Homecare South Tyneside

### Inspection report

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02 February 2021

03 February 2021

04 February 2021

23 February 2021

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

CRG Homecare South Tyneside is a service that provides personal care to people living in their own homes. At the time of inspection approximately 247 people were supported by the service and 208 people were receiving personal care support. This included providing support to 35 people in an Extra care housing scheme where people lived in their own flats.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance.

People said they felt safe with the service provided. However, systems were not robust and staff deployment was not effective to ensure people's needs were met in a safe, timely and consistent way.

Staff knew about safeguarding procedures. There were opportunities for staff to receive training. Staff worked well with other agencies to ensure people received care and support. Most staff said they felt supported by the organisation and were aware of their responsibility to share any concerns about the care provided.

People received person-centred care from their regular care staff. However, records did not always provide guidance to ensure people received safe, consistent, person-centred care and support from all staff members. Systems were not in place for all people to receive their medicines in a safe way.

A quality assurance system was in place to assess the standards of care in the service. However, it needed to be more robust. Audits that were carried out had not identified issues that we found at inspection.

All people and relatives were complimentary about the direct care provided by support staff. They trusted the workers who supported them. They said staff were kind, caring and supportive of people and their families. Several people and staff said communication could be improved.

People had the opportunity to give their views about the service. There was consultation with staff and people. People said they knew how to complain. However, some people and relatives said they did not always feel listened to.

People were supported to have maximum choice and control of their lives, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Information was accessible to involve people in decision making about their lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 13/08/2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicines and people's care needs. A decision was made for us to inspect and carry out a comprehensive inspection and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

The provider was taking effective action to mitigate the risks to ensure people received safe care. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

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

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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 South Tyneside

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three adult social care inspectors, two pharmacy inspectors and two Experts-by-Experience. An Expert-by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It also provides personal care to people living in Extra Care Housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it was a large service operating

during the pandemic and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 January 2021 and ended on 25 February 2021. A site visit to the office took place on 23 February 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authorities who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We communicated with 27 people who used the service and 44 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 12 members of staff including the registered manager. We surveyed 30 staff members and 15 staff responded.

We reviewed a range of records. This included 14 people's care records and multiple medicine records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, safeguarding data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Systems were not in place and staff were not appropriately deployed to ensure people received safe, timely and consistent care. Most people told us they now felt safe, although they acknowledged pressure to staffing levels due to the pandemic. One relative commented, "On Friday night nobody came and [Name] phoned them seven times to get help." A person told us, "It doesn't help my peace of mind, it makes me anxious and upset, I don't know when they [staff] are coming or who is coming."
- Most people and relatives told us there were issues regarding the variety, of care workers and the timings of their calls. One person told us, "They keep changing the carers and staff are so rushed they don't always finish the jobs."
- People didn't always receive 'time specific' medicines at the intended times as staff sometimes arrived late to people's homes. One relative told us, "Staff come at the wrong time. [Name]'s tablets need to be given at four hourly intervals. They come late in the mornings and early at night. I have to tell staff to balance it out across the day." Another relative said, "Staff didn't turn up so [Name] didn't get their medicines."
- Staff were not routinely allocated to the same people to promote continuity of care. A person commented, "I never know who will be coming and sometimes the staff don't turn up." A relative said, "[Name] needs a lot of support and it's very unsettling when people are late, there are lots of different carers. It does make [Name] anxious."
- Safe and effective recruitment practices were not always followed to help ensure only suitable staff were employed. This was addressed immediately by the registered manager and with the auditing of all staff recruitment files.

### Using medicines safely

- Medicines were not managed safely.
- Systems were not robust to ensure medicines were being managed and recorded effectively. Medicine records did not demonstrate that people were always receiving their medicines as prescribed. For example, one person was receiving the incorrect amount of supplement to what was prescribed. This was immediately addressed by the registered manager.
- Records were not always kept of how much medicine was administered when people were prescribed medicines with a variable dose. Written information to support the use of 'when required' medicines were not always in place as per the service's policy and national guidance.
- Staff did not always follow the providers medicine policy when recording medicines omissions, refusals of medicines or when required medicines.
- Topical (creams) medicine records were not always accurate and lacked guidance for staff on where to

apply medicine.

#### Assessing risk, safety monitoring and management

- Risks to people's safety were not always managed effectively. Risks had been identified but records were inconsistent, and some provided conflicting information about the level of risk to the person and the management of the hazard.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. However, several people and staff commented it was difficult to make contact with on-call and office staff, during the pandemic.

These were breaches of Regulations 12 (Safe Care and Treatment) and 17 (Good Governance) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were becoming more robust to minimise the risk of abuse. The numbers of safeguarding incidents of missed calls had reduced as systems were becoming embedded across the service to ensure people received safe care.
- Safeguarding incidents were investigated and showed evidence of lessons learned.
- Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse. A staff member commented, "Yes, I feel confident enough to raise concerns."

#### Preventing and controlling infection

- Staff had access to regular supplies of Personal Protective Equipment (PPE). One person told us, "Staff wear masks, gloves and visors and their pinnies when they need to."
- The provider was monitoring the use of PPE for effectiveness and people's safety.
- Staff received training in infection control and use of PPE to make them aware of best practice.

#### Learning lessons when things go wrong

- Systems were becoming more effective for making improvements for the monitoring of late and missed calls to ensure people received safe care and support. Individual incidents were reviewed, with corrective measures taken.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments were carried out to identify people's support needs. However, this information, where there was an identified need, was not always transferred into a care plan to provide guidance to staff as they delivered people's care. This had been identified and was being addressed by the registered manager,

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

- Most people told us they were supported to maintain their health and well-being. One person commented, "Staff have called the doctor, they let my daughter know."
- The agency received an assessment that identified people's needs from the referring agency. Care plans were being put into place from this information to ensure people received appropriate care and support. For example, for catheter care, medicines and mobility.
- Staff had developed links with health care professionals to obtain specialist advice and support. However, when a referral was made it was not always followed up in a timely way to ensure all people received appropriate care and support. This was being addressed through safeguarding.

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

- Improvements were being made to record keeping to ensure people were supported effectively with their nutrition. One person told us, "Staff prepare breakfast and sandwiches at teatime" and "I have a three course meal at lunchtime."
- Where there was a specialist care need such as for nutrition, a record of the specialist advice was not always transferred to the care plan, to show why people needed particular support.

Staff support: induction, training, skills and experience

- Staff training was not up-to-date for all staff.
- Several staff had transferred from another organisation. The staff training matrix did not show that all staff training was up-to-date. We received information straight after the inspection to show how training was being addressed with plans for updated training, including any specialist training.
- Staff received training that included training in safe working practices. A staff member commented, "We do get lots of training. I feel I have the right skills." However, not all people believed staff had received enough training to meet their specialist needs such as for catheter care and stoma care. One relative told us, "Staff aren't trained to use the equipment that rolls [Name] over." Another relative said, "The staff aren't very good at catheter care."

- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.

#### 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.

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.

- No one was subject to any restrictions under the MCA.
- Staff received training about the MCA as part of their induction.
- Information was available about people's capacity to consent. Where people no longer had capacity to consent most records showed who was responsible for decision making with regard to care, welfare and finances, when formal arrangements had been made with the Court of Protection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People did not always receive reliable and consistent care. The approach to planning and deploying staff did not always consider people's preferences. For example, people were not matched to their care workers, they did not receive the same workers and they were not always informed when staff would be late.
- People were provided with kind and compassionate care by care workers. People and their relatives were all very positive about the caring nature of care staff. One person said, "The staff themselves are lovely and do their best" and "The care staff are brilliant." Another person told us, "The girls are wonderful and they help me get dressed in such a kindly and helpful way."
- Most records provided information that detailed what was important to the person.

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

- People were not always involved in making decisions about their care.
- People's wishes were not always considered when planning their care. For example, the timings of their calls and receiving support from the same care staff.
- Care plans documented how people communicated.
- Information was available in a way to promote the involvement of the person.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence when supporting them with daily tasks. One person said, "The carers are so lovely. They show me respect and protect my dignity."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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 all receive person-centred care. Care plans were not consistent, some contained lots of detail. However, others were more general, lacked critical information and were conflicting.
- Care staff did not always know how to support people in line with their care plans. Care records were available electronically and in paper format for staff. However, some people and relatives said not all staff were aware of people's support needs to provide appropriate care and support. One relative commented, "We've had a bit of an issue, staff coming in and not reading the care plan" and "Some staff still have problems with not knowing what to do." This was immediately addressed by the provider.
- Staff completed a daily record at each visit, for each person in order to monitor their health and well-being.

End of life care and support

- No person was receiving end-of-life care at the time of inspection.
- Information was available about people's religion and cultural preferences if this support was required.

Meeting people's communication needs

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

- The provider was aware of the Accessible Information Standard. information could be made available in various formats including audio, large print or easy read format to meet individual communication needs.

Improving care quality in response to complaints or concerns

- A complaints procedure was available.
- A system was in place to acknowledge, investigate and respond to complaints.
- The complaints log and people's comments showed recurring themes and some people commented they did not believe all complaints were handled effectively.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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.

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

- Improvements were required to aspects of care provision to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- Several people and staff had transitioned from another care provider in August 2020. CRG Homecare South Tyneside had been working to address some of the inconsistencies in information to ensure people received appropriate care and support.
- Systems were not yet all in place to ensure people received safe, timely and consistent care that respected their needs and wishes. Substantial improvements had been made by February 2021 to reduce the number of missed calls. Further improvements were still required including communication, consistency, timeliness and appropriateness of support calls.
- Records did not always provide information to ensure staff delivered appropriate care and support.

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

- Audits were completed to monitor service provision and to ensure the safety of people who used the service. These audits were not all effective as some needed to be more regular and they had not identified issues we found at inspection.

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

- People and staff views about service provision were sought. Spot checks took place and questionnaires were sent out to people and staff.
- The registered manager and provider's representative were being responsive and identifying improvements as a result of safeguarding alerts and people's feedback. They also provided information after the inspection which showed how some issues were to be addressed.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities in a timely way.

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

- The provider communicated with people and staff during the pandemic. However, people and staff feedback received during the inspection showed communication was not always effective. People and relatives' comments included, "I've complained that staff sometimes come too early. They said it would be sorted but nothing happened", "You phone the office and they never phone back" and "Communication is terrible."
- Staff said they were supported. They were positive about the registered manager and management team and said they were approachable.
- Relatives also told us the registered manager was supportive. One relative told us, "I've built a relationship with the manager. She understands me and is helpful."

Continuous learning and improving care; Working in partnership with others

- The management team and staff were improving the service for the benefit of people using it.
- There was a programme of staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.
- The registered manager took on board people's opinions and views to make improvements.
- During the inspection we received some issues from people during our phone calls. We brought these to the attention of the manager who responded immediately to resolve them.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not all in place to mitigate risk and to ensure people received safe care and treatment.  Regulation 12 (1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People were not protected from the risk of inappropriate care and treatment as records and robust systems were not all in place to monitor the quality of care provided.  Regulation 17(1)(2)(c)