Castlerock Recruitment Group Ltd

CRG Homecare – Hammersmith

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This focussed inspection was conducted on 11 October 2016 and was announced. We gave 48 hours' notice of the inspection to make sure the staff we needed to speak with were available.

The service has not yet undergone a comprehensive rating inspection. We conducted the inspection as a result of obtaining information of concern, which indicated that people who use the service may have been put at risk by not receiving safely delivered care and support. This report only covers our findings in relation to the areas of concern raised and we therefore have not been able to provide a rating for some key questions.

CRG Homecare - Hammersmith is a domiciliary care agency that provides personal care to people living in their own homes. We were informed by the provider that there were approximately 270 people using the service. The service was registered by the Care Quality Commission (CQC) on 2 June 2016.

At the time of this inspection there was no registered manager in post. A registered manager is a person who has registered with CQC 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 service was being managed by a relatively newly appointed manager who planned to apply to the Care Quality Commission for registered manager status.

The provider had purchased another domiciliary care organisation, Geneva Health International Limited - London. During this inspection we made enquiries as to whether Geneva Health International Limited - London was being operated separately or as part of CRG Homecare – Hammersmith. The operations manager explained that Geneva Health International Limited –London had been acquired and that two CRG Homecare staff members lead on this area of the business, which involved providing personal care to 12 people. The operations manager said that healthcare assistants were provided to people and stated there were no clinical aspects to the tasks they carried out. She confirmed that nursing care was not provided at this stage. The provider was advised to check whether the service met the criteria to register to provide the regulated activity of Treatment of Disease, Disorder and Injury (TDDI). The provider also informed us that the service was relocating to a temporary address two weeks after the inspection.

During this inspection we found that the provider did not demonstrate that staff recruitment was consistently carried out in a thorough manner that protected the people who use the service.

People were positive about the caring and helpful approach of their regular care workers. Staff were described as being punctual and reliable. However, a significant number of people informed us that they did not receive their personal care from regular staff that they knew and felt comfortable with during the weekends, which they found unsettling.

People felt safe with their regular care workers, who understood how to protect people from the risk of abuse. Staff were provided with guidance about the risks that people were susceptible to due to their health care needs and any risks associated with their home environment.

Staff received appropriate training and support to effectively meet people's needs. This included training and guidance in regards to the importance of seeking people's consent before providing personal care and supporting people to make their own choices and decisions. People reported that they felt consulted about how they wished their care and support to be delivered. However, the care and support plans contained inconsistent information about people's capacity to make decisions which the provider was addressing.

People received appropriate support to meet their nutritional and health care needs, and staff received suitable training and monitoring to ensure people were safely prompted to take their prescribed medicines.

Assessments were carried out to identify people's needs and plan their care and support. These assessments were detailed and actively sought people's own ideas and wishes about how their care should be delivered. The assessments were used to develop individual care and support plans.

Although people understood how to make a complaint and complaints were properly investigated, the complaints guidance for people and their relatives needed to be updated to demonstrate that the provider worked in a flexible and responsive manner in relation to the management of complaints.

Staff spoke positively about how they were managed and supported. Systems were in place to monitor the quality of the service, including unannounced 'spot checks' to people's homes and telephone monitoring calls; however, the provider did not demonstrate an effective system for ensuring that these type of checks were periodically undertaken. The provider showed that important information, for example accidents and incidents, was methodically gathered and reported to the local authority homecare contracts team. It was not evident though how this information was used to inform the provider's own drive to improve the quality of its service.

We found one breach of Regulations in relation to the provider not ensuring that recruitment was robustly undertaken. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The recruitment practices did not ensure that people were consistently supported by staff who had undergone rigorous pre-employment checks.

People reported they received a consistently delivered service from regular staff; however, some people experienced a disruptive service at weekends.

People felt safe with staff and there were systems in place to identify and mitigate the risk of harm.

Is the service effective?

Inspected but not rated

Staff were provided with training and support to meet people's needs.

The provider was aware of the need to improve its documentation to evidence that people's rights to make choices was correctly upheld.

Systems were in place to support people with their nutritional and health care needs.

Is the service responsive?

Inspected but not rated

People were asked for their views about how their care should be provided, which was reflected in their assessments, and care and support plans.

People understood how to make complaints, although the written complaints guidance was not clear.

Is the service well-led?

Inspected but not rated

Although the provider was carrying out telephone monitoring calls and 'spot check' visits to determine if people were satisfied with the quality of the service, there was no formal system in place to ensure these checks were regularly conducted.

Information was collected in relation to incidents, accidents and

events that impacted on the smooth running of the service, but it was not clear how the provider addressed concerns arising from this data.

CRG Homecare – Hammersmith

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 in response to the Care Quality Commission receiving information of concern, which indicated that people who use the service may have been placed at risk through not being provided with safely delivered care and support.

This inspection was announced. We advised the registered manager two days before the inspection date that we would be coming, because the registered manager and other senior staff are sometimes away from the office visiting people who use the service and supporting staff. Therefore, we needed to make sure that members of the management team would be in. One adult social care inspector and one inspection manager carried out the inspection. The team inspected the service againt four of the five questions we ask about services: is the service safe, effective, responsive and well-led.

Prior to the inspection visit we looked at information we held about the service. We reviewed any notifications sent to us by the manager about significant incidents and events that had occurred at the service, which the provider is required by law to send us.

During our inspection we spoke with a care co-ordinator, a field care supervisor, the manager and the operations manager. We looked at a range of records that included 12 people's care records and the recruitment, training and development files for four care staff. We also checked policies and procedures, and documents relating to the monitoring of the quality of the service including the management of complaints and different audits conducted by the provider. Following the inspection visit, we spoke by telephone with 11 people who used the service, the relatives of another three people and five care staff. We contacted health and social care professionals to find out their views of the service and received two responses.

Requires Improvement

Is the service safe?

Our findings

People may not have been protected from avoidable harm as the provider's staff recruitment processes were not robust. The recruitment files we looked at did not consistently demonstrate that the provider had robust processes in place, in order to ensure that people received their care and support from staff that were safely appointed. The operations manager stated that there had been issues with the recruitment records in relation to the staff that had joined under Transfer of Undertakings (Protection of Employment) Regulation 1981 (known as TUPE) arrangements from other providers. However, we noted that there were gaps in the recruitment records for staff who had been recruited by the provider.

The staff files we looked at contained gaps in the recruitment records that meant we could not be assured that the provider had completed sufficient checks to ensure that staff were suitable to work with people using the service. For example, one staff member did not have a Disclosure and Barring Service (DBS) check in place. (The DBS check assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people). An Adult First check had taken place to demonstrate that the staff member was not barred from working with vulnerable adults but the criminal record checks had not yet been completed. The manager informed us that the staff member was only working on double handed calls but this did not fully mitigate risks to people who used the service. In another two files we saw that there were gaps in the staff member's employment history with no explanation for this and only one reference had been obtained that was not signed and had not been verified to ensure its authenticity. We saw a reference for another staff member that did not correspond with the information on the staff member's application form, for example employment at the agency providing the reference was not listed in their employment history and the referee was not listed.

These findings were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people told us they usually received their care and support from care staff they were familiar with. One person said, "It really works out wonderfully, I am very happy with this agency and tell them so. I have the same carer during the week and at weekends I have another regular carer." A relative told us their family member received a large care package, which required two care workers at each visit. The relative stated that they had expected the agency to experience some difficulties with providing regular care workers but had been impressed at the level of staff consistency. They told us that staff demonstrated a helpful and flexible approach to ensuring that their family member received visits from staff they were familiar with. For example, one care worker promptly offered to cover a few visits at short notice for a colleague who was unable to work for health reasons, which was reassuring for the person and their relatives. One person told us that one of their care workers covered visits on most days of the week and also provided care and support on one day each weekend. The person liked this continuity, as they felt it improved the stability of their care and support and enabled better information sharing between weekday and weekend staff.

However, we received comments from four people who had experienced problems with weekend staffing arrangements. One person told us, "It really is quite unsettling. Sometimes we just don't know who will

knock on the front door and announce they are from the agency, they don't tell us. Another person said, "Don't ask me about weekends, I am sure other people will have told you. I get my visits but have had to get used to different staff. It's fine during the week." A relative informed us that they had spoken with the provider about their weekend staffing concerns and improvements had been made. The manager informed us that there were 15 care worker vacancies and that 10 new recruits were attending training the following week so that they could commence working with people using the service. Prior to the inspection we received information from a relative of a person who formerly used the service, in regards to their family member having experienced missed calls. The provider told us there had been some scheduling problems for a short period this summer, and new planning systems and staffing structures had subsequently been introduced to address this. One of the local authorities that contracted services from CRG Homecare – Hammersmith informed us that there were no current concerns in relation to how the provider was meeting its contractual obligations.

People told us they felt safe with their regular care workers and thought that staff had been provided with appropriate training to protect them from risks at home. Comments from people and relatives included, "I feel most safe when one of my care workers is with me", "I get on very well with [care worker], I would not be without him/her, [care worker] is lovely to me" and "[My family member] thinks of [care worker] as a friend. There is a good relationship." Records showed that staff had received safeguarding training to protect people from the risk of abuse. Staff told us how they would identify different types of abuse and were aware of their responsibility to report safeguarding concerns to their line manager. One staff member told us, "I would look out for changes in how a person responds to me, if they have become sad and tearful or have an unexplained bruise or pain." Staff confirmed they were positive that the manager would take suitable actions to make sure people's safety and welfare was upheld.

We noted that people's care and support plans pinpointed risks to their health and welfare, for example malnutrition and dehydration, and the prevention of falls and pressure ulcers. Assessments were carried out to assess any risks to people using the service and to the staff supporting them. Environmental risk assessments were in place to minimise hazards to people and staff. Staff understood the provider's policies in regards to reporting any accidents or incidents. They told us that they were required to telephone the on-call line manager for advice and record any events in the person's daily records.

Systems were in place to support people to receive their medicines safely. Written guidance was provided for staff to follow in the care and support plans for people who were assessed to require support with their medicines. Staff confirmed that they had received medicines training and their competency was checked during the unannounced 'spot checks' carried out by the field care supervisors. A field care supervisor told us that they removed completed charts from people's homes every month in order to check that people were prompted with their medicines in line with the instructions in their care and support plans.

The provider had an infection control policy in place to protect people who use the service and care workers. Staff had received infection control training as part of their induction and were supplied with personal protective equipment such as disposable gloves and aprons, to use as necessary. Discussions with the provider indicated that alternative disposable gloves could be ordered for staff that experienced any allergic reactions when using conventional supplies. Staff compliance with the provider's infection control policy was monitored during 'spot check' visits to people's homes.

Inspected but not rated

Is the service effective?

Our findings

People and relatives told us that they were generally pleased with the quality of care and support provided by staff, and felt that staff received appropriate training and support to meet people's personal care needs. One person told us, "I get excellent care, my care workers are brilliant" and a relative said, "The care staff picked up that [my family member] had the early signs of sore skin, which meant we could quickly get support from the district nurses and a new mattress."

The staff files viewed contained training certificates for first aid awareness, dementia awareness, health and safety, medicines awareness, Mental Capacity Act 2005 (MCA) awareness, safeguarding and safer handling of people training. The training matrix seen showed that all staff currently working had completed this training in the last six months. There was some evidence in the staff files that their learning had been assessed to ensure their competency but this was variable.

Staff told us they had prior experience of working for domiciliary care agencies, and they had achieved national qualifications in care before they commenced employment with the provider. Staff informed us that they felt they were offered useful training and felt supported with their development. Most of the staff we spoke with stated they had attended at least one formal supervision session with their line manager since joining the provider in June 2016. One staff member was unsure if they had received formal supervision but had been given constructive feedback about their performance at the end of an unannounced 'spot check' at the home of a person using the service. The manager told us that the provider had an appraisal system that was used at other locations and was due to be introduced at this service.

People told us that staff asked for their consent before they provided any personal care. Staff were described by people as being "respectful" and our conversations with people clearly indicated they felt consulted. The care and support plans showed that the provider delivered care and support to people who at times might not have capacity to make certain decisions, for example people who were living with dementia and other people with cognitive impairments due to their health care conditions. 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.

Discussions with the manager and the operations manager showed that although the provider understood their responsibilities in relation to MCA, this was not consistently reflected in people's care and support plans. For example, one care and support plan contained conflicting information about whether a person had capacity to make daily decisions about their care and support and another care and support plan had been signed by a person's relative but it was not clear as to whether they held an appropriate Lasting Power of Attorney. The operations manager told us that she had already identified that the service needed to make improvements in this area and it was now being addressed.

Most people informed us that they did not need any support from staff to meet their nutritional needs, as they were independent in this area or had support from their relatives. We noted that where necessary people's care and support plans contained appropriate information about how to support them with eating and drinking. For example, what type of food preparation was required, likes and dislikes, and any dietary necessities related to people's health care conditions and/or cultural preferences and needs.

People informed us that they managed their own healthcare appointments and liaison with healthcare professionals, or were supported to do so by a relative or friend. Care staff explained that they reported any concerns about people's health and wellbeing to their line manager, so that these concerns could be discussed with appropriate parties, for example people's relatives, social worker, GP or district nurse. We noted that field care supervisors recorded relevant information about people's health care needs and the contact details for health and social care professionals when they carried out initial assessment visits, which equipped managerial and supervisory staff to progress any health related concerns to the appropriate professionals. A field care supervisor told us that they liaised from time to time with specific health and social care professionals when people's needs changed and described how they had requested a referral to the local occupational therapy team when a person appeared to need additional aids and adaptations to maintain as much independence as possible.

We were not able to provide a rating for this key question as the inspection took place to look at information of concern and did not cover all aspects of the key question. We will rate this key question following our next comprehensive inspection.

Inspected but not rated

Is the service responsive?

Our findings

People and relatives told us they thought people's needs were being met. One person told us, "They understand my needs well, I have no complaints at all" and another person said, "They know what to do as it's on my care plan list and they always check how I want things done." The care and support plans showed that care assessments had been carried out in order to identify people's needs. Following the completion of the assessment stage, care and support plans were developed to explain how these needs were to be met. The care and support plans we looked at contained detailed assessments which took into account people's needs, wishes and views. For example, field care supervisors had recorded direct quotes from people in regards to how they wished to be independent with certain aspects of their personal care and their own views about their health care needs. This showed that people's own opinions and wishes were sought and valued.

The care and support plans were individualised and contained information about people's likes and dislikes, interests and former occupation. A care co-ordinator told us that this information was requested from people so that staff could develop positive relationships and engage in meaningful communication; however, people and relatives were advised that they did not have to disclose this information if they chose not to. During our telephone calls to people and relatives, two people told us that their care workers were currently at their homes and offered us the opportunity to speak with them. We heard cheerful background conversations and laughter between people and their care workers, with people and staff confirming to us that they had a good rapport and shared interests. This indicated that the provider endeavoured to use the social information about people to match them with staff that they could relate more easily too.

The manager advised us that care and support plans were ordinarily reviewed once a year or more frequently if people's needs had changed. We were not in a position to verify the frequency of reviews at this inspection visit as the provider had not been operative at this location for a sufficient period of time.

People using the service and relatives told us they knew how to make a complaint and thought the manager would take any complaints seriously. One person said they were currently considering whether to make a complaint and would telephone the manager if they chose to proceed. A relative told us they were satisfied with how their complaint had been addressed. The complaints log showed that complaints had been responded to in a timely manner. The manager had investigated these and responded in writing outlining what action had been taken to resolve the issues and to improve the service to prevent a reoccurrence. However, the complaints policy was misleading as it stated that complaints had to be made in writing and this had formed part of one of the complaints. The manager had responded to say that complaints could be made verbally but the policy had not been changed so that all staff and people using the service were aware of this. Complaints had led to closer monitoring of staff and the service provided to ensure that matters had been resolved.

We were not able to provide a rating for this key question as the inspection took place to look at information of concern and did not cover all aspects of the key question. We will rate this key question following our next comprehensive inspection.

Inspected but not rated

Is the service well-led?

Our findings

Although people and relatives mainly stated positive comments about the quality of the service they received, we did not seek their views at this inspection about how the service was being managed. This was because the manager had been in post for just over two months and was in the process of making changes to improve the service. Staff told us they felt supported by their line managers and the manager, although they did not seem clear about how frequently they would receive formal and individual one-to-one supervision.

The operations manager told us that the allocation system was "not the best" and that steps had been taken to improve this by allocating care co-ordinators post code areas, who then allocated work to care workers based on their location. She told us that calls were currently monitored through spot checks and telephone monitoring. We saw some evidence of spot checks by field care supervisors; for example, we saw records for spot checks completed on 8/9/2016 and 3/10/2016 and a further record of dates detailing when spot checks had taken place. However, there was no formal system in place to ensure these took place at regular intervals.

We saw records detailing what concerns had been reported to the office by care workers, people using the service, their relatives and health and social care professionals. These were sent in a report to the local authority daily; however, it was difficult to tell how well this information was monitored to ensure that appropriate action was taken to address any concerns as this was not always recorded. Staff told us they would not hesitate to raise any concerns with management about any issues that affected the safety and welfare of people who use the service and employees. Staff were familiar with the provider's whistleblowing policy and were aware of external organisations they could contact if necessary. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings).

The provider was aware of the need to notify the Care Quality Commission of important changes, incidents and events at the service, as required by legislation.

We were not able to provide a rating for this key question as the inspection took place to look at information of concern and did not cover all aspects of the key question. We will rate this key question following our next comprehensive inspection.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to operate an effective recruitment system. Regulation 19(2)