Care Quality Commission

Castlerock Recruitment Group Limited

CRG Homecare Milton Keynes

Inspection report

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

CRG Homecare Milton Keynes provides personal care to people who live in their own homes in order for them to maintain their independence. At the time of our inspection they were providing approximately 50 care packages, 43 of which were adult packages and the remaining seven were children's.

The inspection took place on 24 March 2015 and was announced.

During our previous inspection on 07 July 2014, we found that the provider had introduced processes to check the quality of the service provided. However, because of the time they had been in place, the effectiveness of the processes could not be guaranteed. During this inspection we looked at these areas to see whether or not improvements had been made. We found that the provider was now meeting this regulation.

Summary of findings

There was not a registered manager in post when we carried out the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were knowledgeable about abuse and the forms it may take, however there were not effective systems in place for the recording, investigating and following-up of incidents.

There were systems in place to assess and manage risks. People and staff were aware of these and contributed to them.

Staffing levels were sufficient to meet people's needs and there were suitable systems in place for recruitment.

There were insufficient systems in place for recording the safe administration of medication.

Staff received regular training and had the skills and knowledge needed to meet people's needs. They were regularly supervised by senior staff to support them.

People were asked to give their consent before care was provided, however, there was no evidence to show that the Mental Capacity Act (MCA) 2005 was used to support people who could not make decisions for themselves.

People were supported to have enough food and drink to meet their nutritional needs. .

There was support available for people to make and attend health appointments if necessary.

Staff were caring and had developed positive relationships with the people they provided care for.

People were involved in making decisions about their own care and support.

Staff respected and promoted people's dignity and privacy while providing care.

Care was person-centred and took people's history, opinions and wishes into account. Where people's needs changed, the service was quick to adapt to meet these needs.

The service encouraged people to give feedback and actively sought people's views to help to improve the service.

There was a positive and open culture at the service.

Office staff were supported by other managers and the area manager in the absence of a registered manager.

Quality assurance systems were in place to monitor and improve the service being delivered. The provider had employed a quality and compliance officer to manage and develop these systems.

We identified that the provider was not meeting regulatory requirements and was in breach of some of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

Systems for recording and tracking incidents were not sufficient to ensure that people were protected from abuse.

The systems in place to demonstrate the safe administration of medication by members of staff required improvement.

People felt that staff looked after them well and kept them safe.

Risks were assessed and managed effectively.

Staffing levels were sufficient to meet people's needs and there were robust recruitment procedures in place.

Requires Improvement

Is the service effective?
The service was not effective.

There was not evidence that the Mental Capacity Act 2005 was being used appropriately to help people make decisions about their care.

Staff asked people for consent before providing care.

Staff had sufficient skills, knowledge and training to meet people's needs.

People were supported to eat and drink and had choices regarding their nutrition.

People had access to health professionals if they needed them and were supported to attend appointments.

Requires Improvement

Is the service caring?
The service was caring.

There were positive relationships between people and staff. Staff treated people with kindness and compassion.

People had visits from familiar staff members who had built a positive relationship with them.

People were involved in making decisions about their own care and support.

People were provided with sufficient information about the service in a format they understood.

People's privacy and dignity was respected and promoted.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People received personalised care that was specific to meet their needs and were involved in the planning of their own care.

Care plans were regularly reviewed with input from people and their family members.

The service encouraged people to give feedback and complete surveys to improve the service.

Is the service well-led?

The service was not well-led.

There wasn't a registered manager in place, although steps were being undertaken to recruit one.

There was a positive and open culture at the service.

There were quality assurance and improvement systems in place and somebody had been employed to manage these.

Requires Improvement

CRG Homecare Milton Keynes

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 took place on 24 March 2015 and was announced. We gave the provider 48 hours' notice to ensure that people and staff would be available for us to talk to.

The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissioned the service to obtain their views.

We spoke with seven people and two of their relatives, in order to gain their views about the quality of the service provided. We also spoke with three care staff, the quality and compliance officer, a field supervisor as well as the registered manager from another branch and one of their care co-ordinators.

We reviewed the care records of five people who used the service and the recruitment and training records of five members of staff. We also looked at further records relating to the management of the service including quality audits.

Requires Improvement

Is the service safe?

Our findings

We looked at safeguarding incidents and found that they had not been reported appropriately. There was no system in place to track incidents and demonstrate what actions had been carried out in response to them. For example, we found records of an incident which had not been reported to the local authority or the Care Quality Commission (CQC). There was evidence that an internal investigation had been carried out, however there was no record of the outcomes of this or action taken to prevent a similar occurrence in future. Another incident had been investigated and there were records that stated 'the local safeguarding team may be informed', however there was no evidence that they, or the CQC were informed, or why the decision had been made not to report the incident. We discussed this with the staff in the office. Both were very new to the service and were unable to clarify this situation for us or determine why the issues had not been reported.

People told us that they felt safe and protected from harm and abuse. One person said, "They make me feel very safe." Another person told us, "I haven't been with them very long, but I do feel safe." Relatives also told us that their family members were kept safe. One relative said, "I feel that my [relative] is safe."

Staff were able to describe different types of abuse and the ways they may identify them. They were also aware of how to report abuse quickly to keep people safe. One person described how they would act to keep the person safe before contacting the office to inform them and complete the necessary paperwork. Staff told us that they were prepared to report abuse regardless of who was involved and were aware of safeguarding and whistleblowing procedures. We saw that the service had safeguarding information available to staff in the main office, including the provider's policy and local authority safeguarding procedures.

Staff told us that they received safeguarding training and refresher sessions and the training records we reviewed confirmed this.

This meant that people were not protected from abuse and improper treatment as systems and processes were not established and operated effectively. This was a breach of regulations 11 (1) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 13 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was unable to demonstrate that people's medicines were managed effectively to ensure they received them safely. We spoke to office staff about medication administration. They explained to us that the previous manager had implemented a system where, if staff administered medication, they recorded it on district nurse Medication Administration Record (MAR) sheets. They did not keep a copy of these MAR sheets, therefore the service maintained no record of what medication was or wasn't administered by their staff. This meant that they could not provide us with evidence that they gave people their medicines in line with their prescriptions, nor could they evidence actions they had taken if people had refused or been unable to take their medicines.

People that needed support to take their medication told us that staff helped them to take it, they also said they asked people if they wanted their medication before they gave it. One person commented, "They know what medication I am due at the right time." Staff told us that they had training in how to administer medication and that they knew only to give medicines according to people's care plans. They had their competency assessed by senior staff before they could give medicine on their own. Training and supervision records confirmed that this had taken place.

Risks to individuals had been assessed to protect people from harm. People knew that they had risk assessments within their care plans and that staff used the information in them to help keep them safe. Staff told us that risk assessments offered guidance on what to do to mitigate risks and that people were involved in making decisions about the risks that they took. In the care records we looked at we found that risk assessments had been completed for people. They contained information about how to manage risks effectively to reduce the chances of harm and included risks such as falls, mobility and medication. We saw that these risk assessments had been reviewed on a regular basis and that people had been involved in the review process.

There were sufficient members of staff to deliver the service effectively. People told us that staffing levels were good and that they rarely had missed or late calls. Staff also told

Requires Improvement

Is the service safe?

us that there were enough of them to meet people's needs and that they didn't have to rush or compromise their care due to staffing levels. The numbers of staffing required were based on people's individual needs. For example, if somebody required help to get up, two members of staff would be allocated to the visit. We looked at rotas and saw that staffing levels were planned and sufficient to meet people's needs. Rotas also gave staff plenty of time between calls to get from one place to the next which was based on the geography of the calls, i.e. more time was given if the calls were far apart.

The office staff informed us that there were enough staff to support people's needs but there was current recruitment on-going for care staff. They explained that they intended to expand the number of people they cared for, however, they would not start taking new referrals until their workforce was large enough to meet the increased demand. We saw that the organisation had a policy to recruit 15% more staff than they needed to ensure that people's needs could always be met.

Staff were recruited following a robust procedure. We were told that pre-employment checks were requested, including two references, up-to-date identification and criminal records checks. Prospective staff were also interviewed and assessed for their suitability for the role. We saw evidence of these checks being in place in the recruitment files which we looked at.

Requires Improvement

Is the service effective?

Our findings

We spoke with staff about the Mental Capacity Act (MCA) 2005. They told us that they had received training in this area but did not implement it on a regular basis. One staff member told us that mental capacity assessments were conducted by office staff if required. We couldn't see any evidence of mental capacity assessments being carried out when we looked at people's care records. For example, we looked at the records for one person with dementia and saw that a family member had signed the plans on their behalf. There was no explanation why the person had not signed the plans themselves, or details of an assessment of the person's mental capacity. We looked for policies and procedures regarding the MCA but couldn't find any. We also couldn't find the MCA referred to in other relevant policies, such as the medication policy. We raised this issue with staff in the office during our visit and they located an MCA policy on the providers system which they printed and put into the policy file.

People said that staff always asked for consent before providing them with care. One person told us, "I tell the staff what I want and they also ask for my consent." Another person said, "Staff ask for consent before they let themselves in." Relatives also said that staff asked for consent from people. One relative said, "Staff always ask for permission." Staff members confirmed that they always asked people if it was ok to do something before they did it. We also saw evidence in people's care plans that they had been asked to read the plans and consent to them before care was provided.

This meant that the provider did not have suitable arrangements in place for establishing and acting in accordance with, the best interests of people who lack capacity as set out in the MCA. This was in breach of regulation 18 (1) (b) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People received care from staff who had appropriate skills and knowledge to perform their roles. They told us that care staff were good and knew how to provide them with the care and support they needed. One person told us, "They are good carers, they are trained well." Another person said, "They know what they are doing." Family members also told us that staff were well trained and had the knowledge they needed to care for their relative. One family member told us, "The training is good."

Staff told us that when they commenced employment they were supported by the provider and had an induction period before they started their role in full. The induction comprised of a one to one induction meeting, followed by face to face training on subjects such as the principles of care, safeguarding, record keeping and medication administration. After that, new staff shadowed experienced members of staff until they were comfortable to perform their roles and responsibilities on their own. During our visit we saw that there was a current staff induction being carried out and new members of staff were receiving face-to-face training. We looked at records which confirmed an induction programme was currently being carried out and training was planned for new staff, as well as completion of pre-employment checks.

Staff also told us that they received regular training after their induction period. This was a mixture of face-to-face and e-learning modules on subjects such as the Mental Capacity Act (MCA) 2005, safeguarding, medication and epilepsy awareness. One staff member told us that as well as regular courses, the provider arranged specific training to meet people's changing needs. We looked at training records and found there was a system in place for tracking staff training which highlighted when training was completed and when refresher training was due. We also saw copies of training certificates in staff files, along with copies of competency tests which were completed during the training session to demonstrate staff understanding.

Supervision sessions were used to provide staff with support and identify areas of their performance which required further development. Staff told us that they did receive supervision sessions but these were not regular or planned in advance. Staff felt well supported and could request a supervision whenever they required and regularly dropped into the office if they wanted to check something or needed some advice. We looked at supervision records and found that they had been completed, however were not always regular. There were no records to show when future supervisions were planned. There were records of spot-checks carried out during calls to people's homes. During these checks a senior staff member carries out

Requires Improvement

Is the service effective?

observations of staff practice and their relationships with people. They are used to provide feedback to staff and highlight areas of positive performance, as well as areas for improvement.

Some people we spoke with were able to manage their own food and drink. Others told us that they had support from members of staff to prepare meals and drinks. One person said, "Staff come and cook my meals in the evening. I choose what I want to eat." Staff told us that they support people to have a healthy and balanced diet if they needed it. They prepared food and drink and helped people to eat depending on their needs. We looked at people's care plans and found that it was clear which people did and did not need help in this area. There were guidelines for staff to follow to support people, as well as information regarding their dietary needs, likes and dislikes. Food and fluid recording charts were also available for staff to use if they had any concerns about people's nutrition.

People were supported to access health services in the community. They told us that staff support them to access health appointments and would come into the appointment if necessary. Staff told us that they helped people with their appointments and had gone to appointments with people along with their family members in the past. Care records showed that people had appointments with health professionals such as their GP, dentist, optician and podiatrist.

Good

Is the service caring?

Our findings

There were positive relationships between people using the service and members of staff. People told us that staff treated them with kindness and compassion and make them feel that they mattered and were important. One person told us, “Staff know and understand me and are nice and are very nice and polite.” Another person said, “I think they are marvellous, I can’t praise them enough.” Relatives told us that staff treated their family members well and had developed strong relationships with both themselves and their family members. One relative,“I can’t praise them enough, they are very understanding and laid-back.”

Staff told us that they tended to go to the same people for visits to provide them with continuity and to build up relationships. They also explained that their calls could vary in content depending on the person’s needs and could an involve simply going in for a cup of tea and a chat to ensure that everything is ok. Staff told us that they were supported to extend the duration of calls if people required additional support or time to ensure they weren’t rushed or placed at risk. Office staff confirmed that the allocation of staff to calls had be reviewed to ensure that people saw regular carers.

People were involved in making decisions about their own care and support. They told us that staff encouraged them to express their views about their care and to inform staff about how they would like their care to be delivered. One person told us, “I tell them how I like my care to be. They listen to me and deliver care the way I like.” Another person told us, “I have always been involved in decision making.” Staff told us that they are aware of the needs and wishes of each of the people they see on a regular basis. They also told us that people told them how they would like to be cared for. We looked at people’s records and saw evidence to show they were involved in decision making processes and their preferences were recorded clearly.

People were provided with sufficient information about the service in a format they understood. People told us they had all the information they needed and, if they needed to find out more they could ask staff or call the office. One person told us, “I get enough information from them.” Office staff told us that some people liked to know what staff members would be coming to them for each visit so they produced an individual rota and posted it out to them. We saw copies of these rotas as well as a user guide to the service explaining what people could expect, as well as contact information if they needed to talk to someone.

People’s privacy and dignity was respected and promoted. People told us that staff always respected their privacy and dignity during visits. They said that staff knocked on doors before entering their homes or rooms and took care to maintain their privacy whilst they gave personal care. Staff explained the importance of privacy and dignity and described the steps they took to ensure that they were promoted whilst providing care.

Good

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs and were involved in the planning of their own care. People told us that staff listened to what they wanted and made sure their care plans reflected this. They also told us that office staff came to their homes to discuss their care plan with them to ensure that it met their needs and wishes. One person told us, "I was asked when it would be convenient for staff to visit." Another person said, "Staff came to my house to write my care plan and it reflects the way I want my care to be." People also told us that they were involved in regular reviews of their care plans to ensure they were accurate and still meeting their needs and wishes.

Staff told us that they contributed to people's care planning and reviews and these took place in people's homes. They told us that people's needs and wishes were considered, such as what visits were needed by the person and what time they want staff to come. If staff have any views or concerns regarding somebody, they passed that information on to the office staff so that a review could be arranged accordingly. One staff member told us, "We pass on views and thoughts about people and the office are willing to listen." Another member of staff said, "People are not left waiting for reviews."

Office staff told us that reviews of care plans were conducted on a three monthly basis in people's homes. If the person or members of staff raised concerns they would arrange a review to go out and sort the problem as soon as possible. Family members and social workers were also invited to meetings and were involved in the care planning process. One staff member told us, "People get what they want, we provide person-centred care to meet people's needs."

We looked at people's care records and saw that care plans had been written with the person and there was input from their family members where appropriate. Plans took people's needs, wishes and histories into account and detailed exactly what they would like staff to do during a visit. We also saw that plans had been reviewed and updated to reflect people's changing needs.

People told us that the service encouraged them to provide feedback about the care they received. They told us that if they had concerns or issues they could go to care staff or contact the office and the problem would be resolved quickly. One person told us they had not had to raise any issues yet, but they were confident that they could and would be listened to if they had to in the future. Another person said, "I haven't had to complain but I did mention the timings of my visits, they took it on board and now the timings have changed to suit me." Relatives also felt that they could raise concerns with the service and that they would be handled appropriately.

People also said that they received feedback questionnaires which they could complete and return to the service. In the office we found evidence that these questionnaires were completed and the results compiled to produce a report, from which actions could be taken to drive improvements. We looked at the complaints file and found that there were very few formal complaints made, those that were had been investigated and followed up.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection on 07 July 2014, we found that the provider had introduced processes to check the quality of the service provided. However, because of the time they had been in place, the effectiveness of the processes could not be guaranteed. This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that the systems which the provider had put into place were effective, meaning the provider was now meeting this regulation. Office staff told us that they carried out a series of checks and audits and that the position of quality and compliance officer had been implemented to ensure checks, audits and quality systems were in place and used to drive improvements. The quality and compliance officer also told us that they planned to introduce further systems to maintain high levels of quality assurance.

We looked at records and found that audits had been carried out to ensure care files were complete and accurate, as well as other checks, such as staffing files. We also saw that a development plan had been produced, highlighting which areas needed to be improved, how that improvement would happen and appropriate timescales for the improvements to be completed by. We also saw that office staff had conducted spot checks on members of staff during their visits. During these checks they monitored how people delivered care and ensured key areas, such as medication administration, were being carried out correctly.

The service did not have a registered manager in post. People told us that they were not sure who the manager was, or if there even was one in post. They told us that they were not affected by this though, as they could contact the office or talk to their care staff if they had a problem. Office staff told us the previous manager had been going through the process of registering with the Care Quality Commission (CQC), however they were no longer at the service. Staff were under the impression that the area manager was the registered manager for the service, however could not provide evidence of this. Since the manager left, an area manager had been supporting the office staff, along with registered managers from other branches. Office staff also told us that the vacant registered manager's post was currently being advertised and applications had been received for this.

There was a positive and open culture at the service. People told us that they were comfortable with their carers and were happy to talk to them if they had any issues. Office staff listened to people's comments and worked to make sure any problems were resolved in a timely manner. Staff were empowered and felt they could pop into the office for a chat or to raise any concerns which they may have. One staff member told us, "We are well supported by the office." We saw evidence that the service had worked closely with the local authority to make sure people received care to a high standard.

There were communication systems in place so that the office could easily get in touch with people and staff. There were meetings to pass on information to people and staff. Office staff also sent text messages and emails to staff to give them relevant information about visits. Staff were also send positive or negative feedback from people they cared for in this way.

There were ambitions to grow the service and provide care to more people, however the office staff told us that they would not accept new referrals until they had recruited additional members of staff so that they could ensure people currently receiving a service would not see a decline in their 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider did not have suitable arrangements in place for establishing and acting in accordance with, the best interests of people who lack capacity as set out in the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse People were not protected from abuse and improper treatment as systems and processes were not established and operated effectively.