Castlerock Recruitment Group Ltd

CRG Homecare - Rotherham

Inspection report

Moorgate Croft Business Centre
Unit 21-22, South Grove
Rotherham
South Yorkshire
S60 2DH

Tel: 01709630240

Date of inspection visit:
28 June 2017

Date of publication:
31 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 28 June 2017, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was last inspected in January 2016, and was rated good in all domains, resulting in an overall rating of good.

CRG Homecare Rotherham provides personal care to people living in their own homes in in the Rotherham local authority area. At the time of the inspection they were providing support to around 140 people.

The service had a registered manager in post at the time of our 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 and associated Regulations about how the service is run.

People using the service told us that staff treated them with dignity and respect, and that they felt staff were caring towards them. Staff told us they would be happy for their loved ones to receive care services from this provider.

Care records showed that people's care needs had been thoroughly assessed, and the care provided was delivered in accordance with their assessed needs.

People told us they had been involved in planning their care, and we saw that their views and preferences had influenced the way that care was provided.

There was a system in place which told people how to make a complaint and how it would be managed. People told us they would be confident to complain if they felt they needed to, and said they believed they would be listened to.

Risk assessments were up to date and detailed, and changed where required to ensure they met people's needs. Staff had received training in recognising the signs of abuse, and understood the steps required should they identify concerns.

Recruitment processes within the service were thorough, ensuring that staff underwent appropriate background checks so that recruitment decisions were made safely.

Staff had received training in the Mental Capacity Act 2005, however, the provider had not always acted in accordance with this legislation in relation to obtaining people's consent to receive care.

The provider carried out assessments of people's nutritional needs, and people's needs and preferences were met in relation to food and drink.

There was a registered manager in post, and people using the service and staff told us they found management to be accessible.

The provider undertook a range of audits, however, they did not always identify shortfalls within service provision.

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.

Risk assessments were up to date and detailed, and changed where required to ensure they met people's needs. Staff had received training in recognising the signs of abuse, and understood the steps required should they identify concerns.

Recruitment processes within the service were thorough, ensuring that staff underwent appropriate background checks so that recruitment decisions were made safely.

Is the service effective?

Requires Improvement

The service was not always effective

Staff had received training in the Mental Capacity Act 2005, however, the provider had not always acted in accordance with this legislation in relation to obtaining people's consent to receive care.

The provider carried out assessments of people's nutritional needs, and people's needs and preferences were met in relation to food and drink.

Is the service caring?

Good

The service was caring

People using the service told us that staff treated them with dignity and respect, and that they felt staff were caring towards them. Staff told us they would be happy for their loved ones to receive care services from this provider.

Care records showed that people's care needs had been thoroughly assessed, and the care provided was delivered in accordance with their assessed needs.

Is the service responsive?

Good

The service was responsive

People told us they had been involved in planning their care, and we saw that their views and preferences had influenced the way that care was provided.

There was a system in place which told people how to make a complaint and how it would be managed. People told us they would be confident to complain if they felt they needed to, and said they believed they would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well led

There was a registered manager in post, and people using the service and staff told us they found management to be accessible.

The provider undertook a range of audits, however, they did not always identify shortfalls within service provision.

CRG Homecare - Rotherham

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 was 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.

The inspection included a visit to the agency's office which took place on 28 June 2017. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, information from the local authority and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service. Before the inspection, the provider completed 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.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files, complaints and compliments records, audits and other records relating to the management of the service. We undertook a survey of people using the service, their relatives, staff and external professionals involved in the service to gain their views about their experience of the service.

Good

Is the service safe?

Our findings

People we surveyed told us they felt safe when receiving care from CRG Homecare Rotherham, with every person surveyed stating that they believed staff did all they could to reduce various risks associated with receiving care services.

We looked at a sample of risk assessments to look at how the provider ensured people's safety was maintained. We saw that each person had comprehensive risk assessments, which set out what staff were required to do to protect people from harm. These risk assessments were up to date and we saw that they were regularly reviewed to ensure that they continued to meet people's needs. Staff we surveyed told us they knew how to keep people safe, and told us they believed people using the service were protected from harm.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately.We saw that there was an up to date and detailed safeguarding policy, setting out what action should be taken in the event that abuse was suspected, and staff told us they knew what to do if they suspected abuse. There were other policies designed to contribute to keeping people safe, including a whistleblowing policy and a lone working policy, although most of the staff we surveyed told us that they were not aware of this policy. We followed this up with the registered manager during the inspection who showed us that this policy had been discussed in staff induction and in team meetings, to raise staff awareness of it.

Staff records showed that staff had received training in relation to safeguarding. This was part of the provider's induction programme meaning that staff received this training before beginning work and providing care to people. This training was then re-delivered annually to ensure that staff remained familiar with the steps they should take if they suspected abuse, and the signs to look for to identify abuse.

We spoke with the registered manager about the system in place to ensure that people's care was delivered safely. They told us that regular reviews of people's care took place in which their views were sought in relation to a number of aspects of their care, including safety. During these reviews people's risk assessments were updated where required, contributing to ongoing safety. The registered manager told us about incidents that had occurred where staff had failed to keep people safe. They had taken appropriate action in relation to the staff concerned when alerted to the concerns, including disciplinary action and, where necessary, dismissal.

Recruitment records showed that an effective recruitment and selection process was in place. We checked two staff files and found appropriate checks had been undertaken before staff began working for the service. These included obtaining written references, undertaking checks of the staff member's identity and checks of their right to work in the UK. The provider held records of staff members' previous work history and their reasons for leaving any employment where they had worked with vulnerable adults. All staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable

adults, to help employers make safer recruitment decisions.

We looked at the arrangements in place for managing medicines safely within the service. Staff had undergone training in relation to medicines management, and the provider carried out spot checks of staff undertaking their duties which included assessing their competency in relation to administering medications. Each person's care file contained up to date information about the medication they took, and this was supported with further information about any side effects to look for and the reasons the medication was required. We noted, however, that some information was lacking in relation to the administering of topical medicines, including records of administration in some cases. We discussed this with the registered manager during the inspection.

Requires Improvement

Is the service effective?

Our findings

Staff training records showed that staff had received training to meet the needs of vulnerable adults with a variety of support needs. All staff had undertaken a nationally recognised qualification in care, as well as the provider's induction, which staff completed before they began to deliver care. Mandatory training, which all staff were required to undertake, included moving and handling, dementia awareness and first aid. Staff we surveyed confirmed that they had received an induction although some told us they did not feel they had sufficient training to meet people's needs, and the majority told us they had not received training in the Mental Capacity Act 2005, although the provider's own training records did not support this.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw policies and procedures on these subjects were in place and on the whole met the requirements of the legislation. We noted that the provider's policy on covert medication, which is where people receive medication without their knowledge, did not reflect the requirements of the MCA and instead stated that where people lacked capacity medication could be administered covertly with a physician or pharmacist's permission. The MCA code of practice sets out that a best interest decision should be reached in such circumstances, which would involve everyone who knows the person well.

We looked at care records to check whether the provider complied with the MCA. We found that everyone using the service had received an assessment of their mental capacity, however, we identified that the provider was not always acting in accordance with the MCA in relation to people giving consent to their care and treatment. For example, one person's care records had only been partialy signed by the person, with records noting that they could not sign to evidence consent. However, in other parts of their file they had signed to demonstrate consent. There was no evidence therefore that the person had consented to the parts of their care plan that they had not signed. In another person's file, a relative had signed that they consented to the care plan on the person's behalf. This relative did not have power of attorney and therefore was not legally allowed to give this "consent." This demonstrated that the provider was not following the correct procedures in relation to obtaining people's consent prior to delivering care.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were details in the care plan we checked about people's nutritional needs. There was information about food preferences and any dislikes. Care notes we checked showed that staff were providing meals in accordance with people's preferences. Where people were at risk of malnutrition or dehydration, there were appropriate monitoring tools in place, and these were regularly reviewed to ensure that people's health was maintained or improved.

Good

Is the service caring?

Our findings

People using the service told us they found the staff to be caring. One said; "The support worker I get regularly is excellent." Another described their regular care staff as "like friends." Every person we surveyed told us that staff treated them with respect and dignity, and described the care staff as caring and kind.

We checked care plans and found that they were tailored to people's individual needs, and their opinions and preferences had been sought when devising their care packages. Each care plan we checked contained a good level of detail about preferences in relation to, for example, the order in which people wanted their care tasks undertaking, how they wanted their house looking after, their clothing preferences and how they wished to be greeted when staff arrived. This showed that the provider had taken steps to ensure that people's care met their individual needs. We checked daily notes, where staff recorded the care that was provided, and saw that staff were adhering to these preferences.

We looked at the duration of care visits, and found that there were a number of incidents where staff did not remain for the length of time the person was assessed as requiring. We asked the registered manager about this, and they told us that staff should not be shortening visits and told us that they would be addressing this.

Staff we surveyed told us that they felt people using the service were treated with dignity and respect, and all told us that they would be happy for a family member or friend to receive care services from CRG Homecare Rotherham. Every staff member we surveyed told us that they were able to promote people's independence when carrying out care and support.

The provider had undertaken the "Dementia Friends" initiative, which promotes an understanding of the needs of people with dementia, and their were ongoing fundraising programmes which enabled, for example, the provision of Christmas presents for people using the service who were socially isolated.

Good

Is the service responsive?

Our findings

People using the service told us they felt involved in making decisions about their care, meaning that care was delivered in accordance with their preferences, although people's relatives told us they didn't always feel sufficiently involved in this process. For example, one said: "On a number of occasions the care service have attended to explain care procedures and possible additional care without first contacting or allowing my family representative to be present."

We checked people's care plans to look at how care needs were assessed. We found that before people began to use the service, an assessment of their needs was undertaken, either by the provider or by the organisation, usually the local authority, commissioning the service. From this, and with input from the person concerned where possible, the provider devised a plan of care that corresponded with the person's identified needs. This was completed to a good level of detail and set out what steps staff should take when carrying out a care visit.

We looked at records made by staff when undertaking care visits. We saw that as well as recording what care tasks had been carried out, they were also recording observations and changes, so that when care was reviewed there was a good picture of any developments so that care packagages could be changed in response to changes.

Where required, we saw evidence that the provider had liaised with external healthcare professionals to ensure people's needs were met, making referrals as appropriate, or tailoring and adapting the care provided in accordance with guidance from external heathcare professionals. This meant that the provider was able to contribute to people's health and wellbeing.

We looked at the arrangements for making complaints at the service. The provider had a comprehensive complaints policy setting out how people could make complaints and the expected timescale for responses. However, we noted that it did not direct complainants to the correct source of external remedy.

People using the service and their relatives told us they knew how to make complaints if they wished, and said they were confident their complaints would be dealt with appropriately.

We looked at a sample of complaints, and saw that they had been thoroughly investigated, and complainants had received a detailed response from the provider within the provider's published timescales. Where relevant, complaints had resulted in changes being made to the way the service was delivered, or in the provider taking other appropriate action .

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration.

Staff told us they felt the service was well led. Every staff member we contacted told us they felt they received important information from the management team when they needed it, and the majority told us they would feel confident to raise concerns with the provider. All the staff we contacted told us that managers were accessible and approachable. People using the service told us they felt the provider was accessible and they knew who to contact in relation to the management of the service.

People using the service and their relatives told us that when there had been changes to the way that they received their service, by way of changes in personnel, they did not feel these had been communicated well to them by the provider. One relative said; "I was very disappointed at the way this was done and neither [my relative] nor the family were told about the changes in advance, which I think is very poor."

We looked at the arrangements in place for monitoring the quality of the service. We found that the provider had thorough systems in place to audit service provision, however, the systems did not appear to always identify shortfalls or concerns. For example, we looked at the records of care visit duration. We found that people's care plans did not always record the intended duration of care visits, and there were a number of incidents where care visits did not last the intended duration. For example, one person was assessed as requiring a 30 minute visit but this was often in fact a ten minute visit. Another person's assessed 30 minute vist was often 15 minutes in duration. The registered manager told us that these shortfalls had not been picked up by means of any audit.

We saw that medication was frequently audited, but the audits were not always effective as they had not identified that records were not kept for some of the medicines administered. The provider undertook regular audits of care plans, but again, the audits had not identified ommissions in care plans such as missing information or contradictory information. This meant that the audits in use were not suitable as they failed to identify shortfalls or serve as tools to improve the service.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at incidents within the service, including information we had received from the local authority. We found that the provider was not always making legally required notifications to CQC. For example, the provider had investigated a complaint which included an allegation of abuse, however, they had not submitted a statutory notification to CQC regarding this. Another incident, arising from a complaint made to the local authority, resulted in a safeguarding investigation into an allegation of abuse, but again the provider had failed to submit the required statutory notification.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009

The provider was displaying their previous CQC rating both within their premises and on their website, as legally required. We asked to see a copy of the Statement of Purpose. This is a document that all providers are required to keep, which sets out the services provided. We found that the document was up to date, however, we saw that it did not contain all the information that the regulations state it is required to contain. We raised this with the registered manager on the day of the inspection. Subsequent to the inspection the provider submitted another Statement of Purpose to CQC which contained most, but not all, of the missing information.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not have appropriate arrangements in place for obtaining people's consent to their care and treatment. Regulation 11(1)(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have adequate arrangements in place for assessing and monitoring the quality of services provided. Regulation 17 (1)(2)(a)