Castlerock Recruitment Group Ltd

Castlerock Recruitment Group

Inspection report

Stockton Business Centre
70-74 Brunswick Street
Stockton on Tees
Cleveland
TS18 1DW
Tel: 01642 685033
Website: www.castlerockrg.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Castlerock Recruitment Group support people to remain as independent as possible in their own homes. It is registered to provide personal care to people living in the Stockton, Middlesbrough and Redcar areas. Castlerock Recruitment Group also provides other services such as staff to provide sitting services, psychological support, cleaning and to do shopping as well as agency staff for care homes. CQC do not regulate agency provision, social support or domestic services.

We completed the announced inspection from 28 February to 30 March 2015 in order to have the

Summary of findings

opportunity to speak with a representative group of people who used the service and staff. We spoke with seven (55%) of the people who used Castlerock Recruitment Group domiciliary care services.

We completed an inspection 8 January 2014 and found that systems for overseeing the performance of staff and the effectiveness of the service needed to be improved. This was because the manager had recently left their post and the remaining staff were unable to locate any audits. Office staff had not been able to log on to the previous manager's computer where they were all stored. Although the provider had a number of ways of monitoring the quality of care delivered, we only found evidence that two audits had been carried out by the Stockton service.

We had found that Castlerock Recruitment Group was not meeting the requirements of regulation 10 (monitoring and assessing the service).

Following our last inspection the provider sent us an action plan outlining their plans to improve. We carried out this inspection to check that improvements had been made and found that action had been taken to ensure Castlerock Recruitment Group complied with the Health and Social Care Act 2008 regulations.

Following the last inspection, commissioners identified that the domiciliary care services were not performing to a satisfactory standard.

In December 2014 a new manager came into post they became the registered manager 27 February 2015, however, they have now left. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider is in the process of recruiting a new manager.

Currently a care coordinator oversees the domiciliary care service and we found they alongside the management team had been instrumental in making improvements to the service.

People we spoke with who received personal care felt the staff were caring, knowledgeable, skilled and the care package met their needs. Staff understood how to safeguard people.

We heard how last year there had been a range of problems with the service such as staff not being allocated sufficient travelling time, which led to people having their allocated time cut short. However people told us that since December 2014 this poor practice had stopped.

The staff undertook the management of medicines safely and in line with expectations.

People told us when they previously raised concerns these were not listened to but since December 2014 this had improved significantly. People told us they now felt confident that should concerns be raised these would be dealt with appropriately.

We found the provider had reviewed the performance of the whole service and this had led them to making significant changes to the senior management team since the last inspection. The changes we found had improved the operation and delivery of the personal care services.

The staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

The care coordinator had introduced systems to ensure staff were appropriately recruited, trained and supported. They had also ensured that people who used the service were contacted on at least a two-monthly basis to check if the package of care they received met their needs.

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 safe.

Good

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and complaints.

The provider had procedures and systems in place to ensure there were sufficient numbers of suitable staff were recruited to meet the demands of the service. Effective recruitment procedures were in place.

Where they provided personal care the provider made sure staff had all the necessary skills.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?
The service was effective.

Good

We found the provider had taken measures to ensure the staff provided effective care and were able to meet people's needs. Staff were trained and supported to deliver the care and support people required.

Staff understood the importance of obtaining people's consent prior to any tasks being undertaken and knew what to do if someone lacked the capacity to make decisions about their care.

Staff were good at identifying if people appeared unwell and ensuring they sought appropriate medical care.

Is the service caring?
The service was caring.

Good

We heard the staff had developed therapeutic relationships with people and were extremely caring and kind.

People told us they were encouraged to express their views and were actively involved in designing their care packages.

Each care package was specifically designed to meet the exact requirements of the person.

Is the service responsive?
The service was responsive.

Good

We found the care packages offered were tailored made to meet people's needs.

Care packages were responsive to people's needs.

We found effective processes were in place for listening and learning from people's experiences, their concerns and complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The management team had strengthened and improved the systems for monitoring and assessing the service.

The management staff had learnt lessons from the last inspection and used this to review the provision and make positive changes.

Castlerock Recruitment Group

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 checked 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.

We inspected Castlerock Recruitment Group from 28 February until 30 March 2015. This was an announced inspection and we let the registered manager who has now left know we were inspecting two-days beforehand. This meant that the staff and provider knew we would be reviewing the services that were provided.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the home and we contacted the local authority to find out their views of the service.

The provider was not asked to complete 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 we contacted seven of the people who used the service and three relatives. We also spoke with the registered manager who has now left; the care coordinator for the domiciliary service, the care coordinator for the learning disability support packages and care staff.

We looked at four of the people's care records, two recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

The people who used the personal care services told us that they felt Castlerock Recruitment Group staff delivered safe care.

People said, “I cannot fault the care staff as they always come on time and are really good at making sure I’m alright.” And “My relative always got on well with the staff and appreciated the care they provided for them.” And “I feel at ease with the staff.”

All the staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the management team would respond appropriately to any concerns. The registered manager told us that abuse and safeguarding was discussed with staff during supervision and staff meetings.

One staff member we spoke with said, “If I was ever concerned, I would raise this immediately.” And “I would have no hesitation about reporting incidents of poor practice and abuse as people have the right to good care.” Incidents where safeguarding concerns had been raised in the last 12 months had been thoroughly investigated and action was taken to ensure people were protected.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training last year and refresher training was planned for 2015. The service had a safeguarding policy that had been regularly reviewed. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

We found the risks around the care staff provided had been assessed and records of these assessments had been reviewed. These risk assessments had been personalised to each individual and covered areas such as moving and handling. The risk assessments provided staff with the guidance they needed to help people to remain safe.

The staff files we looked at showed us the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB). The care coordinator showed us the proforma they used during the interview process and provided evidence to demonstrate that all aspects of people’s work history was explored.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. People said, “The staff arrive on time and now never appear rushed.” Another person said, “I have never have any problems now.”

We found from our discussions that a couple of these people needed staff to remove the tablets out of their blister packs. For the majority of people we contacted family members obtained the medicines and re-ordered them, as and when necessary. We found that all the staff had completed recognised safe handling of medication qualifications. From the review of records and discussions with staff, we confirmed staff had undertaken refresher training and competency checks regarding medicines.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and they would stay with the person until an ambulance arrived. Staff told us they had undertaken training in first aid. We saw records to confirm this was this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

Good

Is the service effective?

Our findings

The provider sent contact information for the people who received personal care. We contacted seven of people who used the personal care service, all of whom told us they had confidence in the staff's abilities to provide good care. They told us the staff from Castlerock Recruitment Group were able to deliver the care and could readily carry out the tasks they were assigned. People told us they were now happy with the arrangements.

People said, "The staff are always really helpful and put me at ease." And "We found that the staff really understood my relative's needs." And "I'm happy with the care they provide."

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people who were at the end of their life.

We saw induction processes were in place to support newly recruited staff. Staff completed this prior to commencing work. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us that for a number of months last year they had not received supervision. However, since December 2014 they had all had supervision and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The care coordinator provided a plan for 2015, which showed that staff would receive at least three supervision sessions and an appraisal. Our review of records confirmed staff were receiving supervisions and appraisals.

Staff we spoke with said, "I find the new manager is helpful." And, "It has got better, we had loads of problems last year but the management team sorted things out." The care coordinators we spoke with confirmed that there had been a lot of issues last year and outlined the action they and the registered manager had taken to rectify matters. All of the information we reviewed and from discussions with people we found that the management staff had proactively dealt with the concerns and ensured measures were in place to prevent the service from failing people who used it in the future.

The staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The staff we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA. People they supported had varying capacity to make decisions and where they did not; action had been taken to ensure relevant parties were involved in making best interest decisions. Castlerock Care Group is not lead agencies for this work.

The written records of the people using the service reflected that the staff had an excellent knowledge and understanding of people's care needs. The care plans showed evidence of risk assessments for example care plans clearly detailed people's moving and handling needs.

Castlerock Recruitment Group staff supported some people to have meals. This was in the form of preparing foods purchased by the person or family when they visited. They were not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses when needed. Some of the staff assisted with shopping but this was to obtain items the person had listed not to design the shopping list. In other situations it was the person's relative or carer who ensured they had an adequate diet.

We saw records to confirm staff liaised with visiting healthcare professionals such as the district nurses and took instruction from these staff. For some of the care they delivered such as applying creams this was completed following the district nurse leaving clear instructions about how and where to apply them. We found the staff reviewed care records regularly and included any new district nurse instructions in the care records. This meant that people who used the service were supported to obtain the health care that they needed.

Good

Is the service effective?

People we spoke with told us the staff were considerate and really interested in ensuring they remained well, so encouraged them to have regular health checks. People told us, “If I’m not looking well staff will suggest I call the doctor.”

Good

Is the service caring?

Our findings

People we spoke with who received personal care said they were happy with the care and support provided. We were told by people about how the management team had recently visited them to check that they were receiving exactly the type of support they needed. We found a range of support could be offered, which could mean staff visited once a day or popped in several times a day to assist with personal care tasks; or completed domestic tasks.

People said, “We found the staff were always very caring and kind.” And “They are lovely and really are interested in how I am.” And, “The staff care and always go the extra mile.”

We reviewed four sets of care records and saw people had signed to say they agreed with the care packages. We found that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs.

The people we spoke with were readily able to discuss what type of support they received. They told us how they had discussed with staff their needs. People told us they had been involved in making decisions about their care and support and developing their support plans. We found these were updated as and when people’s needs changed.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us they had set goals about what they wanted to achieve.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. Staff said,’ I always treat people with respect’. And, ‘I treat people as I would like to be treated.”

We reviewed staff rotas and discussed these with the management team. We saw that the team looked at skill mix and made sure people had staff they preferred. The care coordinator regularly contacted people to ensure they were happy with the staff and service.

The registered manager, care coordinator and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from our discussions with care staff that they knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Good

Is the service responsive?

Our findings

People told us that Castlerock Recruitment Group staff always turned up as planned and it was now very rare for staff not to turn up on time. We heard that last year this had not been the case and people had found that staff were booked on back-to-back sessions with no travel time. This had led to staff cutting their visits short in order to get to the next appointment. People told us that they had complained about this and since December 2014 this poor practice had stopped.

People said "I have never had a problem with staff not turning up and I can change the times I need assistance." And, "The team fits the service around my needs."

Staff told us they encouraged and supported people to remain as independent as possible. Staff told us that the management team had made a range of positive changes and they were now given sufficient time to get from one call to the next.

The registered manager outlined to us the assessment process and we confirmed from the review of care records that this mirrored what had been outlined. We found that people's needs were assessed upon referral to establish if the service were able to meet the person's needs. Information was provided about person's care and support needs by, either the person, carer or referring agency. This enabled staff to produce an initial care and support plan as to how they were to support a person during their first few days.

The care coordinator told us that following the assessment they wrote the care and support plan which described how people wished to be supported and what goals they wished to achieve. We found that care plans were very person-centred, reviewed and updated on a regular basis. The care coordinator discussed how they made sure staff had the most recent plans. We found that systems were in place to monitor people's needs and ensure the care records were accurate.

Staff visited people at defined times during the day or week and we heard that should someone appear unwell when they visited staff take prompt action to deal with this concern. The management team told us this would not necessarily have been involved making an appointment with the GP but be more likely to involve calling for paramedics. We found that staff had received emergency first aid training and training around signs and symptoms of illness.

Care staff told us they tended to be allocated the same people, which meant they could build very good working relationships. The care coordinator discussed how they now matched staff to the people who used the service. They found this had improved people's confidence in the service.

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team.

Good

Is the service well-led?

Our findings

People told us that last year there had been problems with the service but the management team had worked with them to resolve them. They told us that in the last few months they had been called to see if they were happy with the care package and asked to make suggestions around how to improve the service. People told us that they had seen improvements in the service and were now happy with their care packages. People spoke highly of the registered manager who had just left and care coordinator. They told us they thought the service was well led.

People said, "We have found that the new manager and care coordinator have been taking action to improve the service and done a stirling job." And, "From my experience I have found that the staff have worked really hard to make the service better and this has made a real difference."

The care coordinator discussed the process they used for checking if people were happy with the service and showed us the system. We saw they had regularly contacted people to check that the service was meeting their needs and had a system in place to make sure each person was contacted at least bi-monthly.

The service had a clear management structure in place, which was currently being led by the care coordinator. The care coordinator had very detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us the care coordinator was open, accessible and approachable.

The care coordinator told us about their values which were clearly communicated to staff. They discussed how at the last inspection there had been issues so the management team had reviewed the provision and made changes to the way the service was run. We found that the care coordinator was very effective at assessing the performance of the staff and if care packages met people's needs.

We found that the care coordinator had a good understanding of the principles of good quality assurance. They recognised best practice and developed the service to improve outcomes for people. The management team had identified areas for improvement such as ensuring reviews were completed on a regular basis and staff received adequate supervision. We saw that these were now taking place on a regular basis and the feedback was used to improve each person's care package; assist staff with achieving their learning and development goals; and to evaluate the success of the service in meeting their aims and goals.

The care coordinator told us that staff morale needed to be improved and had taken steps to ensure staff felt better supported. They had a programme for full team meetings and we saw how the minutes were shared with everyone including people who could not attend.

The management team told us about the various audits and checks that were carried out on medication systems, the environment, health and safety and infection control. Any accidents and incidents that involved the services staff were monitored to ensure any trends were identified. We saw records of audits undertaken and the action plans that had been generated from them. We confirmed that actions had been completed.