

CRG Homecare Limited

CRG Homecare - Bolton

Inspection report

Hamill House 112-116
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Bolton
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Date of inspection visit:
09 December 2021
23 December 2021

Date of publication:
21 March 2022

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?

Good 

Summary of findings

Overall summary

About the service

CRG Homecare - Bolton is a domiciliary care agency, registered to provide personal care to people of all ages. At the time of inspection, the service was providing support to 183 people across areas in Bolton and Bury.

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

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

Robust systems were in place to analyse and assess risks to people. People felt safe while receiving care. Due to staffing shortages the provider had used agency staff to cover care hours; however, the provider was promoting recruitment as a priority. People, relatives and staff all reported staff followed good infection control practice. Not all staff were able to explain who they would contact to report safeguarding concerns. We discussed this with the provider, who responded appropriately. We have made a recommendation about staff recruitment and their awareness of safeguarding processes.

Staff showed a good understanding of how to support different cultural backgrounds. Staff feedback about induction was positive; however, some staff explained they hadn't received follow up training and were unable to demonstrate an understanding in certain areas such as the Mental Capacity Act. We discussed this with the provider who evidenced these areas were covered in new staff's induction and said feedback from staff training would be addressed. We have made a recommendation the provider monitors the progress in relation to training. Some people said organisation relating to the scheduling of their calls was inconsistent. People's calls were not always carried out in accordance with allocated arrival times and the duration of calls were not always consistent with times set out in people's care plans. People said there was a notable difference between agency and CRG staff in the timeliness of calls. We have made a recommendation the provider continues to improve consistency in this area.

People and relatives stated when they had regular carers, the support they received was very good. The provider had recently implemented a new electronic system; the system allowed for people's care plans and records to be live documents where reviews could be carried out as often as needed. Additionally, alerts were sent to the office staff and management team, if tasks such as administering medication, making meals and personal care were not carried out. Records were person centred and provided staff with clear guidance on how people wished to be supported. Staff showed a good understanding of person centred care. People and relatives felt care staff provided appropriate support when people had difficulties communicating.

There were robust systems in place for oversight and auditing. People did not always receive follow up calls when they had raised concerns. Some staff did not always feel supported by the management team. Staff

reported late changes to rota's without consultation, a lack of a general supportive approach and carers being blamed for late calls to clients. However, most staff acknowledged the organisation was improving and understood that low staffing levels within the management and care team had made organisation difficult. Staff based in the office praised support they received from the provider and stated regional managers had committed significant resources and hours into addressing staffing levels and organisation within the branch. We have made a recommendation the provider monitors progress on support provided to staff and in responding to complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 23/09/2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about governance and staffing levels. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Effective section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

CRG Homecare - Bolton

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and two Expert's by Experience. An Expert by Experience is a person who has personal experiences of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 09 December 2021 and ended on 23 December 2021. We visited the office location on 09 December 2021.

What we did before the inspection

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

During the inspection

We spoke with 10 people who used the service and 13 relatives about their experience of the care provided. We spoke with 18 members of staff including the regional director, operations manager, quality assurance managers, transformation manager, head of training, branch manager, field supervisors and care co-ordinators. We also spoke to nine care staff and two carers who had left the service, who were on the contact list we were sent and wished to provide some feedback.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, further policies and rotas and call logs.



Is the service safe?

Our findings

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

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

Staffing and recruitment

- Staff were recruited safely with appropriate checks in place. Staffing levels had been impacted significantly several months prior to our inspection.
- The provider had initially covered staffing shortages with several care agencies; however, due to quality concerns they had made a decision before we inspected to work solely with one agency to improve oversight, organisation and communication with the agency.
- We reviewed the providers recruitment processes; they had introduced incentives to attract new applicants and to encourage current staff to refer possible candidates to apply. At the time of inspection several staff had been identified and the provider was continuing to promote recruitment as a priority.
- The provider had committed resources to the Bolton branch to manage the service over the difficult period they were going through. They had identified recruiting staff into organisational and management roles within the branch as an immediate action and had filled all roles within the administrative and management team at the time of our inspection.
- Staff acknowledged the difficulties relating to staffing levels but explained organisation and management of call scheduling was improving. One staff said, "We've got people working here who are really good carers and they're agency as well. About three months ago, it was so much worse, it's better now but there's a long way to go."

We recommend the provider continues to promote recruitment as a priority.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People reported feeling safe when receiving their care. One person said, "Yes, I feel quite safe when (staff) are providing care."
- Safeguarding systems and policies in place were robust and the provider was open and transparent when things went wrong. However, staff did not always know who to report a safeguarding incident to outside of the provider.
- One staff said, "I'd ring the office. I don't know who I'd call outside the service, I'd ring the office for everything."
- Another staff member said, "I'd go to my manager, or I'd just go higher. Not sure who else."
- We discussed this with the provider who responded by informing us of a plan they would be implementing to ensure all staff knew who to report safeguarding concerns to outside of the service. The provider re-issued their safeguarding and whistleblowing policies to all staff and advised they would be reviewing staff's knowledge as part of supervisions, which had been scheduled.

We recommend the provider ensures staffs understanding of their safeguarding policy and who to contact if they have safeguarding concerns.

Using medicines safely

- Medicines were managed safely. The systems in place for the safe management of medication were robust. Generally, people and relatives reported they received their medicines as prescribed.
- The new electronic system listed people's medicines and relevant information for when and how medicines should be taken. The system alerted the office if a medicine had not been administered which meant any errors could be followed up immediately.
- One relative highlighted an incident which occurred before the new system was implemented in which they found a collection of several medicines which had been left for the person to take, without staff witnessing this. We discussed this with the provider who immediately completed a new risk assessment and staff were instructed to wait until they had witnessed the medicines being taken before leaving the call.
- Another person said, "I have carers four times a day and somebody will always appear at about the right times, because I have to have certain medication at appropriate times of the day."

Assessing risk, safety monitoring and management

- Risks to people's health were assessed and managed safely. People had individual risk assessments in place providing staff with clear guidance on how to mitigate risks associated with the provision of people's care. Where risks were identified these were highlighted within the new electronic system.
- The system also allowed the provider to update records immediately after they had identified or been informed of risks from other professionals, relatives or staff.
- Staff understood where to find information relating to the management of risk and the provider had robust review systems in place to ensure risks were identified and addressed.
- The provider had reported risks associated with people's care to relevant professionals and sought support where needed.

Preventing and controlling infection

- Infection prevention and control policies and training, provided guidance to staff on how to keep people safe. Policies had been updated to reflect changes in guidance regarding the risks of COVID-19.
- People reported staff wore personal protective equipment (PPE) appropriately. Staff showed a good understanding of when and what PPE should be used, they also understood how to dispose of PPE safely. One person said, "All the staff who visit me are always wearing masks, gloves and apron at all times."
- The provider had identified staff for each area the service provided care in, who were responsible for sharing PPE stock with colleagues. Staff reported having access to enough PPE, one staff said, "We have lots of PPE, that's really good, we have a PPE ambassador who we get the PPE from or we can pick it up from the office. In Bolton as well the agency can collect PPE if they need it."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff working with other agencies to provide consistent, effective, timely care

- The provider had been impacted significantly by staffing shortages and used agency staff to ensure people received calls. However, staff, people and relatives stated that calls were not consistently scheduled, and people did not always receive care for the duration of their allocated time.
- One person said, "About a year ago they started using a lot of agency staff. Sometimes they turn up at 6.30am when they are not meant to come until 8am"
- Another person said, "The main problem has been (the provider) has sent different people nearly every day and you just never knew when they were coming. Sometimes they have been very late, and I can't get on with things. It can be very frustrating not knowing what is happening."
- We discussed this with the provider who were able to evidence they worked wherever possible with one agency, were actively promoting recruitment and had implemented a new call monitoring system which alerts office staff when calls are late. However, at the time of inspection the impact of staffing shortages had not been fully resolved.

We recommend the provider continues to promote consistent and timely care for people.

- The provider promoted a multi disciplinary approach to the provision of people's care. People's care records showed relevant professionals and relatives were involved in reviews of care or when people's needs had changed.

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

- People's needs were assessed in line with their protected characteristics, such as age, disability and religion. People's support and health needs were assessed prior to the provider taking on packages of care.
- The provider carried out initial assessments in partnership with colleagues across health and social care. People and relatives were also included when initial assessments were completed. One relative said, "We came to decisions with the carers as to what is best for (person) from a care point of view."

Staff support: induction, training, skills and experience

- Staff had received a robust induction and reported feeling confident to support people independently following completing the induction process. However, staff feedback on training following their induction process was mixed with some staff stating they received some training and others stating they hadn't, or they couldn't remember the training they'd completed.
- One staff member said, "Yes, I do ongoing training. We get training, we do some in the office, like moving

and handling and we do some online." Another staff member said, "You don't get the training."

- We discussed this with the provider who implemented a plan to ensure staff were up to date with training courses. The provider sent out guidance to staff on how to access and complete online training and highlighted this as a standard supervision item. A supervision schedule had been implemented to ensure all staff received supervision within a realistic timeframe.

We recommend the provider monitors progress relating to staff supervision and training.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People received support to ensure their nutritional needs were met. Staff promoted people's independence and offered choice. One person said, "Yes, they always ask what I want, another drink or anything else. They make me porridge and toast in the morning and a cup of tea."
- Where needed people were supported with maintaining their nutritional intake by staff preparing snacks, sandwiches and drinks for later in the day when they did not have a call. One relative said, "There were concerns when we thought (person) wasn't eating or drinking, but they are monitoring this and actually now sit and support (person) to eat. We now know that (person) is getting enough to eat and drink."
- The provider had worked with relevant professionals such as occupational therapists, GP's, district nurses and social workers to ensure people received care when a specific need was identified.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Some staff reported not having received MCA training and demonstrated a lack of understanding of MCA principles. However, feedback from people evidenced staff worked within these principles. Care plans included information about people's capacity and where needed best interest meetings and reviews had been carried out with relatives and professionals involved in people's care.
- People told us they were asked for consent by staff before receiving care. One person said, "I'm happy and they do ask my permission."
- Staff showed a good understanding of the importance of asking for consent when offering support to people. One staff said, "I ask people whether they're happy for me to do something because it might change, so it's important you ask."
- Records showed people had provided consent to receive care identified in their care plans. Records showed people and relatives were involved in care planning and their decisions and choices were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff explained how they would adjust their approach to supporting someone, dependant on their individual characteristics such as race, religion and disability.
- Staff knew people well and understood the differences in people's care. People told us that staff were caring and respectful in their approach and met their needs in a way which respected their wishes. One person said, "The carers are polite, kind and don't do anything without checking first. They always talk to me and are very friendly."
- One relative said, "They are very caring and considerate. They put (person's) welfare at the forefront."

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

- People were supported to have control of the care they received. People were involved in support planning and reviews and the providers digital system allowed for any changes to be recorded immediately which provided staff with guidance of how to support people in line with their up to date choices.
- Staff demonstrated a good understanding of where to find information relating to changes in someone's care and how to accommodate this. One staff member said, "We've got care plans and support plans which can now be updated because what people want one day might be different the next."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- Staff had a good understanding of how to respect people's privacy and promote their dignity. One staff said, "If the persons having personal care or using the bathroom, I'll give them privacy and make sure doors and curtains are shut, cover people up if they need the support and things like that."
- People felt their independence was respected and promoted by staff. One relative said, "(Person) struggles now and they do need support but if (person) is having a good day the carers will encourage them to do things independently."
- Care staff were encouraged to follow care plans and people's requests while providing care. Where people were recorded as being independent in their care plans, staff followed this guidance and people reported they only received support with specific tasks with which they needed help.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and provided staff with guidance on how to provide support to people in line with their individual needs, wishes, likes and dislikes. Feedback from staff evidenced a person centred approach.
- Care records were person centred and evidenced staff recording how people had received their care along with choices they made and how these had been respected.
- Staff understood where to find information which enabled them to provide person centred care. One staff said, "I ask them what they want and what they like, I also ask what they don't like. This is all in their support plans as well and I'll update the office if there's anything that's not in there."

Meeting people's communication needs

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

- People's communication needs were assessed as part of their initial assessment. Guidance for staff to follow was clearly recorded in people's care plans and where aids were needed such as glasses and hearing aids, these were highlighted.
- The provider said care plans and records could be provided to people in easy read formats. One person raised concerns about care records now being recorded electronically and not having access to these. When we discussed this with the provider, they explained they would ensure people had access to their daily records and provide support where needed.
- People and relatives felt that where communication needs were identified that carers provided support in an appropriate manner. One relative said, "(Person) does not really communicate, but I am impressed how (staff) deal with that. (Staff) do support them in the best way and chat to them anyway so they're included."

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy and system in place. People had a good understanding of how and who to raise concerns with. However, some reported they didn't always receive a response.
- One person said, "I've had to ring the office a couple of times when no one came, the number is on the back of the book, and they put me through. They still didn't send anyone though and nobody got back to me."
- We discussed this with the provider who said systems would be reviewed to ensure that complaints were reviewed daily and guidance would be shared with people and relatives on how to leave messages for

branch staff.

End of life care and support

- At the time of inspection nobody was receiving end of life care. Staff reported not having received end of life training with the provider; however, they had a good understanding of how to support people with end of life care and we did not identify any impact. Please see the Effective section of this report on actions we have asked the provider to take in relation to training in general.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had recently recruited a new manager who was in the process of registering with CQC at the time of inspection. People, relatives and staff did not always feel like they received updates when they had raised concerns.
- One person said, "When I have raised concerns, I don't know if they have been sorted by the office as they don't tell me."
- One staff said, "Communication needs to improve, (staff) aren't supported and we'll get blamed for late calls when they've only been added to our rotas at really short notice. The office don't always get back to us or the people either."
- We discussed these findings with the provider, and they asked the new manager to respond with an action plan to address this feedback. The new manager scheduled supervisions with all staff and provided a realistic timeframe of when they would carry out telephone calls to all people or where needed relatives to gain feedback.

We recommend the provider monitors the progress of this action plan regarding good communication.

- The provider was able to evidence how the newly implemented system meant feedback from staff, people and relatives could be responded to and actioned immediately. The system also allowed the provider to collate feedback information and identify trends for any areas of improvement, which in turn could inform these being implemented in a timely manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider understood their responsibility to be open and transparent and inform people, relatives and relevant professionals and organisations when things went wrong. The provider had been open and transparent about recent concerns that had been received and were happy to identify areas where improvement could be made.
- At the time of inspection issues relating to call times, oversight, being accessible and staffing levels within the management and care teams had been identified by the provider. They had a clear plan on how each issue would be addressed and the implementation of plans had already started. For example, vacancies within the management and branch team had already been filled and new systems had been implemented

and were being developed to improve oversight.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Auditing and oversight systems were robust. Audits were linked to the electronic system which meant audits were accurate and up to date whenever information was accessed. Feedback from our conversations with the operations manager, quality assurance managers and transformation manager demonstrated systems had been implemented or were being developed to increase oversight of up to date information. They evidenced this with live demonstrations of their systems.
- Audits outside of the electronic system followed a template which meant that managers carrying out audits had to go through specific stages which ensured quality assurance checks were completed at each stage of the audit. For example, in complaints audits there were steps the manager had to complete which ensured they assessed whether a safeguarding referral was needed and whether a CQC notification was needed.

Working in partnership with others

- The provider worked well in partnership with other professionals and relevant bodies. Local authority colleagues fed back to us as part of our planning for this inspection. They explained the provider had remained open and transparent and had been responsive during the difficult period they had been through recently. Local authority colleagues felt confident the management team supported by the provider was addressing issues in as timely a manner as possible.